MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16628

| 1 | 661 | 4 | DIAISION | 01 | *** |
|---|-----|-----|----------|----|-----|
| T | 00 | LTE | | | |

| TOOT | .13 | | A Control | CERTIF | ICATE OF I | DEATH | | | | |
|---------------------------------|------------------|-----------------------------------|--|--|-----------------|-------------------|-------------------|----------------------------|-----------------|------------------------------------|
| . DECEASED-NAME | First | | Middle | | Last | | 2a. DATE OF | | | 2b. HOUR |
| (Type or print) | Hele | n | Jane | | ADAD | 75 | No | VEMBER | 8 196 | 18671 |
| . SEX | | 4. RACE | | | S. DATE OF BIR | | | 6. AGE (In years birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| HEMAL | E | | White | | Aug.12 | 2,190 | 9 | 59 binnody) YRS. | MONTHS DAYS | HOURS MIN. |
| o. BIRTHPLACE (Stote o | | b. CITIZEN OF | WHAT COUNTRY? | 8. MARRIE | D NEVER MARS | IED 🗍 | 9. COUNTY OF | | | |
| Dorchest | er | U.S | | WIDOW | | CED 🗀 | W. | icomico | | Mo |
| D. CITY OR TOWN OF D | EATH | | NAME OF HOSPITAL OR IN | | | | | (Kind of work done | | F BUSINESS OR |
| Salish | oury | 0 | ve street oddress) | Peni | nsula | during m | ost of working | life, even if retired.) | INDUSTRY | |
| a. USUAL RESIDENCE (| Where deceased | lived, if insti | tution: Residence before | | | 36. INSIDE CITY L | | REET AND NUMBER | | |
| dmission) a STATE la | nd | Dorc | hester | Cam | bridge | AEE NO | ° 60L | Academy | Stre | et |
| 4. FATHER'S NAME | First | Middle | lost | | 15. MOTHER'S MA | DEN NAME F | First | Middle | | Lost |
| Ma | tthew | | Trave | rs | | El | izabet | | | Lewis |
| 6a. WAS DECEASED EVE | R IN U.S. ARME | D FORCES? or dates of service) | 16b. SOCIAL SECURITY | NO. 17 | . INFORMANT | | | 32Aldrewr | ince | Street |
| Yes, no, or unknown) | fir has disa son | or agres or sar rice) | | IV. | rs. Char | les | E.Hill | L.Salisbu | | |
| | | | line for (a), (b), and (c) |) 10 1 | | 2 | 1 | | | XIMATE INTERVAL ONSET AND DEATH |
| PART I. DEAT | H WAS CAUSED | BY: CAUSE (a) | Park | 1100 | 1- 4 | -24 | Per | | | |
| 4120 |) | 7 * | R AS A CONSEQUENCE OF | the state of the s | 1 | | | | | |
| Canditions, if any, | | /(.) | ic to it consequence of | 11 | I w | 111- | 11 | 1 | | |
| rise to immediat | | DUE TO O | R AS A CONSEQUENCE OF | | | 1 | 4 | and a | | |
| stating the under | riving cause | (c) | | H | CVI | 0// | | | | |
| 449 | GNIFICANT COND | ITIONS CONTRI | BUTING TO DEATH BUT N | OT RELATED | TO THE TERMINAL | DISEASE OR | CONDITION GIVE | N IN PART I(a) | | |
| 190. DATE OF OPERA | ATION 19b. CC | NDITION FOR | WHICH OPERATION WAS PI | RFORMED | 2Da. AUTOR | SY? | 20b. IF | F YES, WERE FINDINGS (| ONSIDERED IN | CERTIFYING |
| 2 | | | | | YES 🗀 | NO [| CAUSES | S OF DEATH? | | |
| 210. ACCIDENT WA | AS UNDERLYING | 21b. TIME | OF INJURY | 21c. | | JRRED (Ente | er nature af iniu | ry in Part 1 or Port 2, | Item 18.) | |
| OR CONTRIBUTING | | | | | | | | | | |
| 21d. INJURY OCCU | IRRED 21e. P | | AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. | CTORY. \ 21f | LOCATION Street | or R.F.D. No | city | or Town | County | Stote |
| While Not wh | 1101 | | OFFICE BUILDING, ETC. | / | | | | , | , | |
| 22a certify | | hasnital) a | ittended the deceas | ed from | 11/10 | 19/ | a L. to | 11/8 19 | 68 , tha | at (1) (we) las |
| saw the | deceased aliv | ve an | 11/6 | 1960 | ind that in (my | | | accurred on the de | ate and have | r and fram the |
| causes st | ated abave, | (1) (we) (di | d) (did nat) view the | bady afte | er death. | <i>,</i> , , , | | / | | |
| 22b. SIGNATURE | 1 m | 10 | 1 | 11 | ATTENDIN | 6 50/ | WED. | STAFF 22c. | DATE SIGNED | 1.0 |
| 46 | 1 | 1/2 | 6 mu | 1/7 DI | GREE PHYS. | | DIRECTOR - | PHYS. | 191 | 68 |
| 22d. PHYSICIAN'S NAME (Type) | | ~ | | | 22e. ADDI | ESS | | | 11/ | |
| India (1 lba) | | | | | | | | | | |
| 23g. BURIAL, CREMATIO | N, 23b. DA | | | | OR CREMATORY | | | ON (City ar Town) | (County) | (Stote) |
| 企员在小校园 | No | V. LU, | 1968 Doro | nest | er Memo | rlal | rark, | cambridg | e por | . Md. |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by The Emeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. 30M REV. 1/68

1 and 2

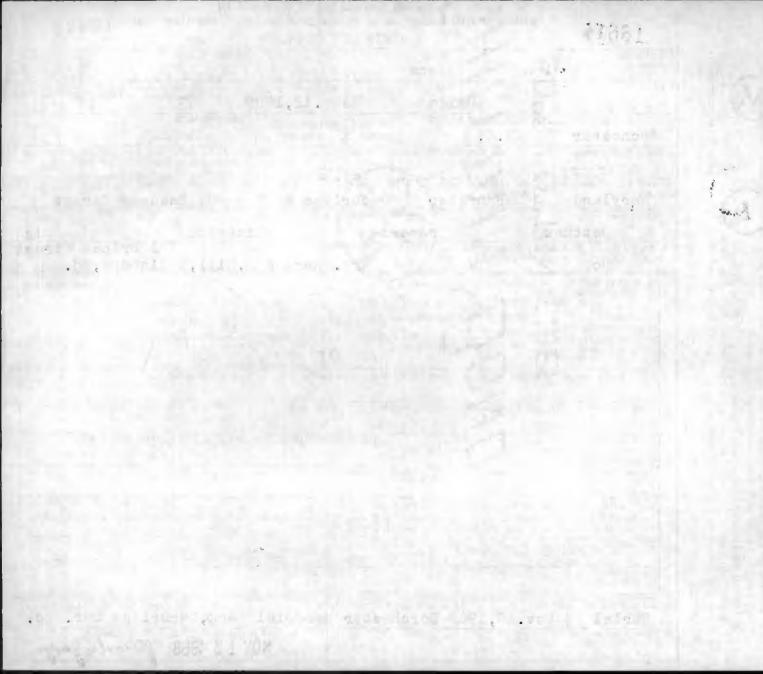
eath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hay Page 4 may be retained by the haspital ar attending physician.

FUNERAL DIRECTOR 24.

700 LOCUST ST. CAMBRIDGE

1968 gelieveles



16615

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

| | | | First | | Middle | | Last | | 20. [| DATE OF DEA | | | | 2b. HO | UR |
|--|--------------|----------------------------------|----------------|-----------------------|---|----------------|-------------|-----------------|-----------|----------------|-------------------|------------------|----------|----------|------|
| | 1 | Type or print) | VINO | Pow | rell | A | dKi | 15 | 7 | MIPS | Month Do | Y Year | d | | N |
| | 3. SE | X | 1 | 4. RACE | | -/- | S. DATE OF | BIRTH | 1// | 16. | AGE (In years | IF UNDER 1 YE | AR IF I | JNDER 24 | HRS. |
| Type or primer) POWELL S. DATE OF BIRTH D. A. GEE (In years S. DATE OF BIRTH D. GEE (In years S. DATE OF BIRTH D. GEE (In years S. DATE D. GATE | | URS | Min | | | | | | | | | | | | |
| | | | areign 7t | . CITIZEN OF WH | AT COUNTRY? | 8. MARRIED | NEVER MA | RRIED | 9. COU | NTY OF DEA | ATH | - | | | |
| | | Maryı | | USA | | | | | Wi | icomi | ico | | | | Mo |
| | 10. 0 | CITY OR TOWN OF DEAT | TH | | | | | | JAL OCCU | PATION (Kir | nd of work done | 12b. KIND | OF BUSI | NESS OF | |
| U | | | | Per | ninsula | | | ospita | a I or w | Call b | enter. | Car | ben | ter | |
| - | 13a. odmi | USUAL RESIDENCE (Whissian) STATE | ere deceosed | lived, if institution | an: Residence before | | | | | 13e. STREET | | | | - 1 | |
| de | | Md | | Wic | omico | Salis | bury | 1F2 N | N. T. | Rt 3 | Shavo | x Roa | d | | |
| 1 | 14, 7 | | | Middle | | 12 | MOTHER'S A | | | r | Middle | Mil | | .ost | |
| | 16p. | | | FORCES? | | NO 17 II | FORMANT | * | 1011 3 | | Address | | 3 | | _ |
| | Y | es, no, ar unknawn) | | | TOB. SOCIAL SECURITY | 1000 | | osetta | a Ad | lkins | | isbur; | у3 | Md. | |
| | | 18. CAUSE OF DEATH | H (Enter anly | ane cause ser Vinc | e for (o), 441, and 44. | 1 | 0 | 1 | | | | APP | ROXIMATE | INTERVAL | 4- |
| | | PART 1. DEATH V | WAS CAUSED B | Y: X 0 | rebral | Va | mo | baca' | | | | | - //- | | , |
| | | 4339 | / | / | S A CONSEQUENCE OF | | | | | | | | | 1 | |
| | | | | | | | | | | | | 1 | | | |
| | | | | | A CONSEQUENCE OF | | | | | | | | | | |
| POWEL POWE | | | | | | | | | | | | | | | |
| | | PART 2. OTHER SIGN | FICANT CONDY | MONS CONTRIBUT | ING TO DEATH, BUT NO | OT REMATED TO | THE TERMIN | AL DISEASE OR | CONDITIO | N GIVEN IN | PART I(o) | | | - 1 | |
| | N. | 04 | 10h | Ver | Met | liter | - | | | | | | | | |
| 1 | CATE | 190. DATE OF OPERATION | IN 196. CO | NDITION FOR WHI | CH OPERATION WAS PE | RFORMED | 20o. AUT | OPSY? | | | | ONSIDERED I | N CERTIF | YING | |
| A SACE Male White White White Who BRIPPIAGE (Stote or foreign No. OR SERVED AGE (Stote or foreign | | - | | | | | | | | | | | | | |
| | | | | | | 21c. HO | W INJURY O | CCURRED (Ente | er nature | of injury in | Part 1 or Part 2, | Item 18.) | | | |
| | EDIC | (If either, notify med | ical examiner) | P.M. | 19 | | | | | | | | | | |
| | 8 | While Not while | ED 21e. PL | ACE OF INJURY (| AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. | TORY.) 21f. LO | CATION Stre | et ar R.F.D. No | a. | City or T | own | County | | Stoti |) |
| | | THE MANUE OF MOUNT | | | / | | 1 | | 68 | -/- | / | 15 | | | |
| | | | | | oded the decease | d frem | 1 6 C | 19 | | | | () th | nat (1) | (we) | las |
| | | causes state | ed above. (| M(we) (did) | did not) view the | body after d | eath. | ny) (our) op | inion a | eoin occu | irred on the de | ore ond no | ur and | trom | the |
| | | | - / | 11/1/ | , | , | | | / | | 22c. | DATE SIGNED | | | |
| | | 1 Sar | -1 Y | Dillery | me | DEGRE | | ING | | ST PH | AFF - | | | | |
| 1 | | | // | | | | 22e. AD | DRESS | | | | | | | |
| | | NAUNC (19pe) | 0 | | | | | | | | | | | | |
| | 230. | BURIAL, CREMATION, | 23b. DAT | E | 23c. NAME OF | CEMETERY OR | REMATORY | | 23d. | LOCATION (C | ity ar Town) | (Caunty) | (5 | tate) | |
| | | Burial. | | | Parsor | is Cen | eter | У | | | | | | | |
| 8 | 24. | (A./ | Jan Har | perall | ADDRESS SOLD | oranar k | 12 | 1 | | | | | | | |
| 53 | | 11101112 | . H . W | U and I and I de | 1 1 1 1 1 1 | 1111 V a V | 11 1 4 | I DATE BEE | 3/ / | Challed Indian | M SIAME | Service of the V | 10000 | The same | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical director, page 3 should be detached for use os the burial-transit permit. Then play should be filed with the State Dept. of Health prior to burial, crematian, or remayol, VR A15 45 45M - 1 69

and completely filled in by the funeral separate carbon papers. Pages 1 and 2 in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or ottending physician.

Teligonary Peninsula Coleral Respirat - - -and distribution of the property of the party of the part

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g. DATE OF DEATH First AGE (In years

16630

I. DECEASED-NAME 26. HOUR (Type or print) 3. SEX IF UNDER 1 YEAR last birthday) SHTINDIA 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED THE NEVER MARRIED WIDOWED [DIVORCED [12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 125. KIND OF BUSINESS OF give street address) during most of warking life, ever bretired.) INDUSTRY 13a. USUAL RESIDENCE Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY admission) STATE NO De 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na. ar unknawn) (If yes give wat or dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter any one cause per line far (a), (b), and (c),) BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? NO . YES [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State White Not white at work 220. I certify that (I) (this hospital) attended the deceased from _______, 19/163 to ______, 19____, that (I) (we) last saw the deceased alive on _______, 1862, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Ernest Larmore NAME (Type) 100 Grove Street Delmar. Del 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMAJION. 23b. DATE (County) MEMOVAL (Specify)

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

1968

ADDRESS

and completely filled in by the funeral remave carban papers. Pages T and and in any removal, permit. burial-transit signed by physician. as the attending has been prior to far use i Health r this certificate the hospital O FUNERAL DIRECTOR: After be retained shauld directar, page 3 shauld be filed Page 4 may b

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24. FUNERAL DIRECTOR

ges T and 2 after death.

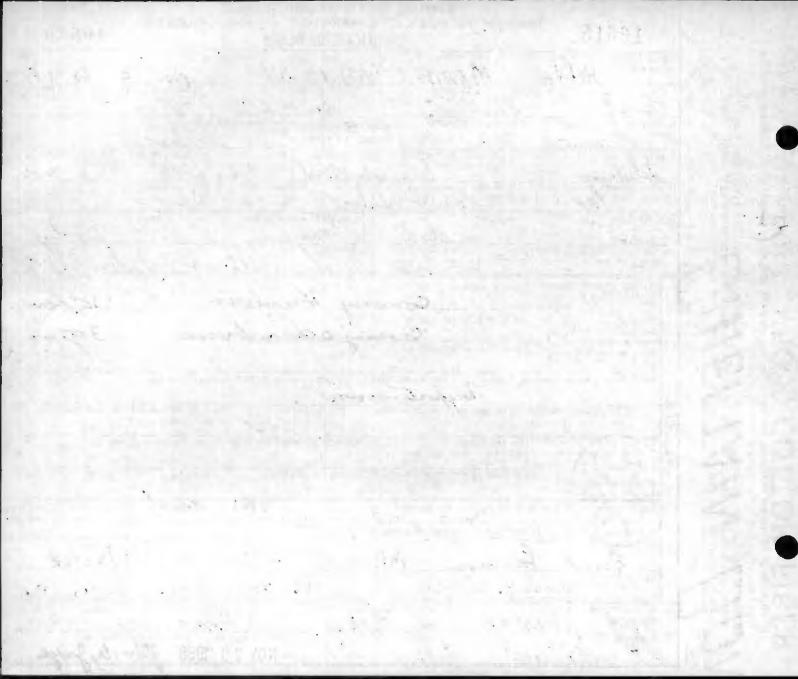
haurs

within 72

event,

within 24 haurs after death

requires that the death certificate



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 30T W. CERTIF

| PRESTON ST | REET, | BALTIMORE, | MARYLAND | 21201 | 1 | 6 | 6 | 2 | 4 |
|------------|-------|------------|----------|-------|------|-----|---|---|-----|
| CATE OF | DEA | TH | | | arb. | 5.0 | - | | · A |

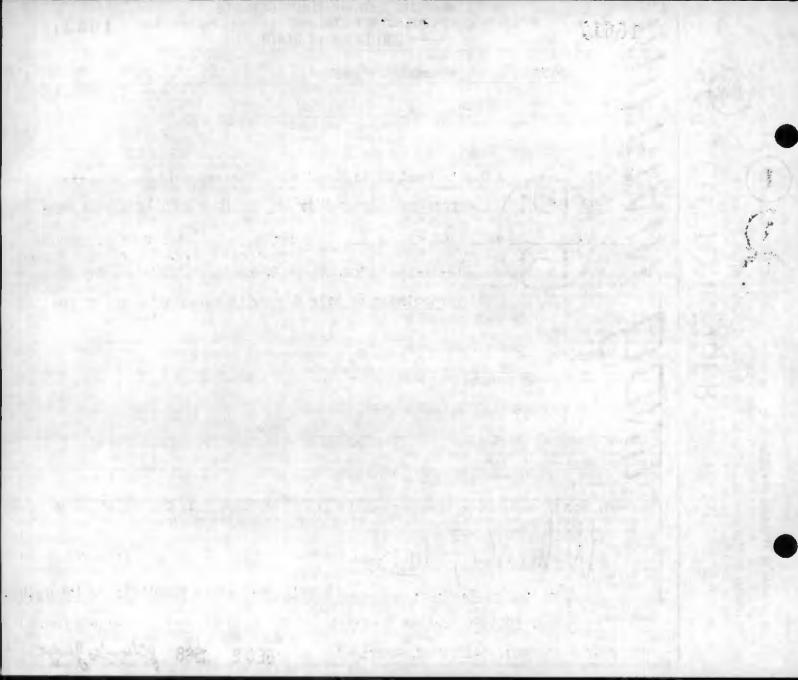
| 1. DECEASED-NAME | First | | Middle | | Leat | | 0 0 0 0 0 0 0 | DELTH | | - | 1 01 | |
|---|------------------|-----------------------------|--|---------------|---------------------|----------------------|----------------------------|---|--------------|----------|-------------|----------|
| (Type or print) | | TH- | PEARL | R | lost AILEY | | 20. DATE OF | Month 26 Do | у | Yeon 9 | 26. | HOUR |
| 3. SEX | | 4. RACE | I-LINKL- | | S. DATE OF BIRTH | | ++ | | I IF UNDER | | IF UNDER | A IV |
| Female | | | ite | | October 3 | 10 | 0.1 | 6. AGE (In years lost birthday) | SHTHOM | | HOURS | Mili |
| o. BIRTHPLACE (Stote o | foreign | 7b. CITIZEN OF W | | | | | COUNTY OF | 6/ YRS. | | | | |
| country) | | | INI COUNTY! | MARRIED [| NEVER MARRIED | 1 | | | | | | |
| Maryla | nd | USA_ | | WIDOWED [| | - | | icomico | | | | M |
| O. CITY OR TOWN OF D | y | give | AME OF HOSPITAL OR IN street oddress) eer's Head | State | Hospital | o. USUAL ring mos | occupation t of working | (Kind of work done life, even if retired.) | 12b. INDU | | BUSINESS | OR |
| 30. USUAL RESIDENCE (| Where deceo: | Sed Haed. It institu | ion: Kezidence Detote | 130. CITY OK | OWN 136. INSI | DE CHIT LIMI | 133 1196 21 | REET AND NUMBER | | | _ | |
| odmission) STATEMa: | ryland | JIBB. COUNTY | Worcester | Oce | an City YES |] NO[| lst | & Philade | elph: | ia A | ve. | |
| 4. FATHER'S NAME | First | Middle | Lost | 15. | MOTHER'S MAIDEN N | IAME Firs | | Middle | | | Lost | |
| Le | vin | James | Clark | | Sa | rah | | Gertrud | 6 | Ŋa | avis | |
| 16a. WAS DECEASED EVE Yes, no, or unknown) | R IN U.S. AR | MED FORCES? | 16b. SOCIAL SECURITY | NO. 17. 18 | | | r) | R.D. Address F | rien | dshi | n P | had |
| No. | fit kes dive a | with on policy or zetalica) | 214-32-61 | 39 Mr | s. Hilda | F W | hita | Pittsvill | o M | arul | and " | Jud |
| IB. CAUSE OF DE | ATH (Enter on | ily one couse per li | ne for (o), (b), and (c). | 1 | | | | | | APPRUXII | MATE INTERV | AL |
| PART I. DEATH | | | denocarcin | | bile duc | t. wi | th met | tastagic t | | | | LRID |
| 1561 | MANAGOTA | | AS A CONSEQUENCE OF | | | 0 112 | OII HE | liver | | 2 y | CS | |
| Conditions, if ony, | which gove | | 45 A CONSEQUENCE OF | | | | | TTAGI | | | | |
| rise to immediate | | | AS A CONSEQUENCE OF | | | | | | | - | | |
| stating the under | lying couses | | 15 A CONSEQUENCE OF | | | | | | | | | |
| _ | MISICANT COL | NDITIONS CONTRIBI | TING TO DEATH BUT NO | OT DELATED TO | THE TERMINAL DICEA | SE OD (O) | MOSTION CIVE | I IN DART 1/al | | | - | |
| 1551 | INTERIOR CO. | TOTAL CONTRIDE | THE TO DEATH DOT M | OI KEDAILO IO | THE TERMINAL DISEA | JE OK LUI | ADITION GIVE | THE PART HOT | | | | |
| 190. DATE OF OPERA | TION 19h | CONDITION FOR WE | ICH OPERATION WAS PE | DEUDWED | 20o. AUTOPSY? | | 1206 15 | YES, WERE FINDINGS | CONCIDED | th nice | DTIEVING | , |
| E CONTROL OF STREET | 110. | CONDITION FOR III | ici oi eration traste | KIOKINGO | | NO 🔀 | | OF DEATH? | COMPIDERI | ED IN C | KHITIM | |
| 210. ACCIDENT WA | S UNDERLYIN | NG 216 TIME O | INIHDY | 21, 40 | | | ature of inlu | ry in Port 1 or Part 2, | Itama 10 1 | | | |
| T OR CONTRIBUTING | CAUSE OF DEAT | TH HOUR A.M. | | 210, 110 | II MOOK! OCCORRED | frities in | יטוטופ טו ווויןטו | y III ron 1 or ron 2, | Helli (D.) | | | |
| If either, notify m 21d. INJURY OCCU | | | A AT MONE CARDS CARLES CAR | | TION S | D 41 | | | | | | |
| While Not whi | le T | PLACE OF INJURY | AT HOME, FARM, STREEF, FAC DEFICE BUILDING, FTC. | 211. 101 | ATION STREET OF K.I | .U. No. | City | or Town | Count | y. | 2. | tote |
| at work at wor | L - models / 4 E | | | 1.6 | A/91 | 10 6 | A | 11.04.12 | 4.4 | | adat (| |
| saw the | locaused in | live an | inded the decease | 9 60 and | that in (1997) (au | r) anini | on doath o | recurred on the d | 00 | , That | (M) | e) las |
| causes st | ted abave | e, (I) (bear) (did) | (dicharat) view the | bady after d | eath. | i) abiiii | un deam c | iccolleg on the d | ure unu | HUUI | unu mu | (31 (1)) |
| 22b. SIGNATURE | 0.4 | 1 0 | 11- | | | | | 22c. | DATE SIG | NED | | |
| | IN/ | Malde | 4, 111 | DEGRE | E PHYS. |] MED | ECTOR | STAFF GC | 1/26 | 6/68 | | |
| 22d. PHYSICIAN'S | VV | | 1 2 | * | 22e. ADDRESS | | | 11112 | | | | |
| NAME (Type) | L. | V. Mald | ve, M. D. | | Deer's | Head | i Stat | e Hospita] | : Sa | lis | burv | M. |
| 30. BURIAL, CREMATION | | | 23c. NAME OF | CEMETERY OR O | | | | N (City or Town) | (Coun | | (Stote | - |
| REMOVAL (Specify) | | | 68 Parsons | | | 1 | | ury, Wicom | | | | , |
| 4. FUNERAL DIRECTOR | | 2 2 3 1 7 | ADDRESS | O CHICE | | | | 2Sb. REGISTRAR | | | Taric | |
| HOLLOWA | Y & CO | MPANY. S | ALISBURY. | MARYLA | | | | | arla | | del | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pahauld be filed with the State Dept. af Health prior to burial, crematican, ar remaval, and in any event, within 72 hour

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifice

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| 16618 | DIVISION OF | VITAL RECORDS, : | | RESTON STR | | MORE, MA | RYLAND 2120 | 166 | 332 |
|--|---|--|---------------------------|------------------------------------|----------------|---------------|--|--|--|
| | lizabeth | Beach | | Last | | 2o. DATE O | F DEATH 11 Month 13 | Day 1968 ar | 2b. HOUR |
| 3. SEX Female | 4. RACE White | | | S. DATE OF BII | rth 12/1874 | | 6. AGE (In years | IF UNDER 1 YEAR MONTHS DAY RS. | |
| 70. BIRTHPLACE (State or foreign country) Md. | 76. CITIZEN OF WE | IAT COUNTRY? | 8. MARRIED [WIDOWED [| NEVER MAR | RIED S | COUNTY OF | F DEATH | | Md. |
| 10. CITY OR TOWN OF DEATH Rural Sharptou | in give s | ME OF HOSPITAL OR INST | | pel. | durista ma | | (Kind of work do Life, even if retire | | OF BUSINESS OR |
| 13a. USUAL RESIDENCI, (Where decodrission) STATE | eased lived, if institution 13b. COUNTY | ion: Residence before | Sharp | . 3 | YES NO | 10010 | TREET AND NUMBER | | |
| 14. FATHER'S NAME First Josiah Owen 16a. WAS DECEASED EVER IN U.S. Yesha ar unknawn) (17 yes 9 | Middle | Last | | . MOTHER'S MA Adeli NFORMANT | - | pen | Middk Addres | OFO_//e | Lost |
| Conditions, if any, which go rise to immediate cause (c stating the underlying caulast. PART 2. OTHER SIGNIFICANT | (b) | S A CONSEQUENCE OF | T RELATED TO | loso: | DISEASE ORCO | ONDITION GIVE | EN IN PART 1(a) | len | Known |
| 190. DATE OF OPERATION 1 | 9b. CONDITION FOR WH | ICH OPERATION WAS PER | FORMED | 20a. AUTO | PSY? | | F YES, WERE FINDING S OF DEATH? | GS CONSIDERED IN | CERTIFYING |
| While Not while at work 22a. I certify that (I) saw the deceased causes stated above 22b. SIGNATURE | DEATH HOUR A.M. Desire PLACE OF INJURY (this haspital) atte | Manth Day Year 19 f AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. anded the decease 15 f did nat view the b | d from | d that in (my death. | (aur) apin | Cing., ta | accurred an the | County 19, the date and hau 22c. DATE SIGNED | State at (1) (we) last or and from the |
| 230. BURIAL (REMATION 23 | 17/15/1968 | 23c NAME OF C | | CREMATORY | | | ON (City or Town) | (County) | (State) |

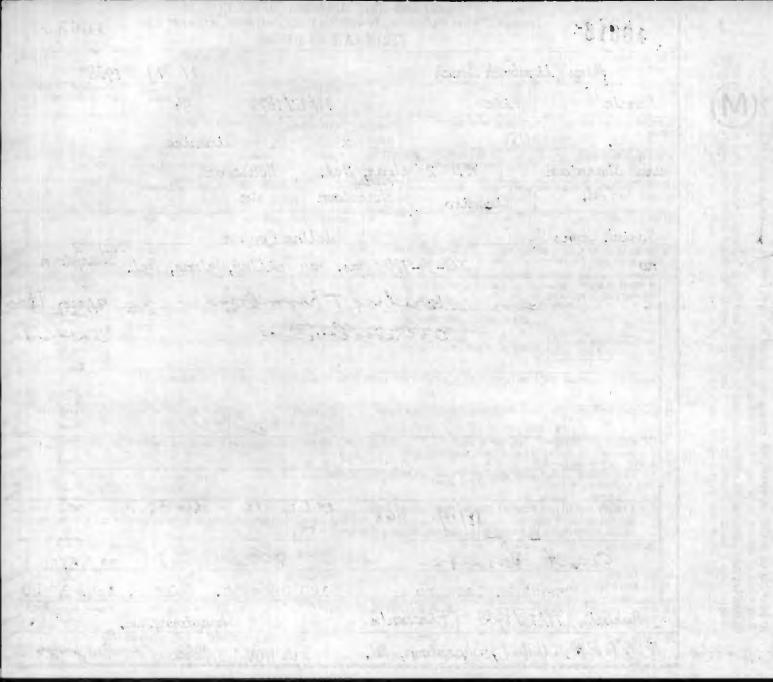
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in b directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 har VR A15 (4) 30M REV, 1248

FUNERAL DIRECTOR FUNE ML HONE, Sharptown, Md.

2So. REC'D BY REGISTRAR

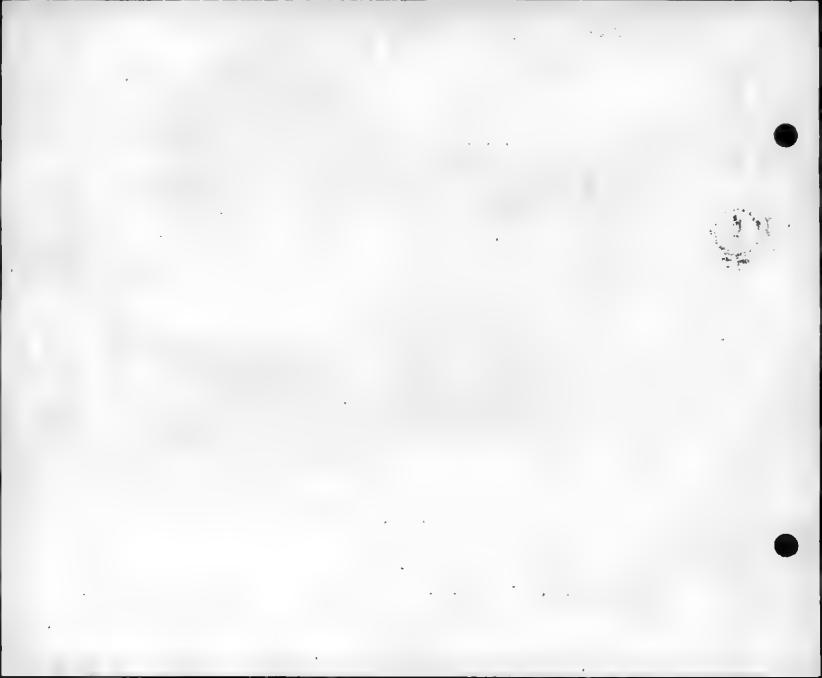
Sharptown,

n, Md. REGISTRAR'S SIGNATURE YCLOSULES YOUGH 1968 NOV 19





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16620 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR Uted within 24 hours after death (Type or print) November 11 Doy VIOLA E. BR.IMER please remove completely filled in by the fugility please remove corban papers. Pages III, ond in any event, within 72 hours after 3 SEX 4 RACE 6. AGE (In years last hirthdoy) S DATE OF BIRTH Female 1887 May 31. White 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH Maryland U.S.A. WIDOWEDXT DIVORCED [WICOMICO 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 120 USLAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Deer's Head State Hospital INDUSTRY during most of work notific even if ret red.) Salisbury 13o USUAL RES DENCE (Where deceosed I ved, if institution Residence before 13c City OR TOWN odmission) STATE 13b COUNTY Somerset Cristield 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER YES X NO Crisfield Box 206 buriol, cremotion, or removal, and in any 4 FATHER'S NAME S MOTHER'S MAIDEN NAME First Middle Lost LOST Revelle Catlin James Minerva 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address The low requires that the death certifited Yes, no, or unknown) (If yes give war or do es of service) Mrs Herbert Groton. Pocomoke City. none 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH permit. IMMEDIATE (AUSE (o) Acute myocardial failure 1 day DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, fony, which gave) (b) Arteriosclerotic cardiovascular disease, decom- vears rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by pensated. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to I Fracture of left femur with surgery 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY2 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter notuse of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH M.A. RUOH (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 23F LOCATION Street of R.F.D. No. City or Town (ounty Stote White Not white of work 22a. I certify that (A) (this haspital) attended the deceased from October 1, 19 68, to November 119 68, that (i) (we) last saw the deceased give an November 11, 19 68 and that in (A) (our) aprilian death accurred on the date and haur and from the causes stated above. (1) (we) (d.d) (d/2/b/1/ view the body after death. 22b SIGNATURE 22c DATE SIGNED DIRECTOR 22d PHYSICIAN'S 22e ADDRESS NAME (Type) V. Maldve, M. D. Deer's Head State Hospital, Salisbury, 23c NAME OF CEMETERY OF SEMANDER 23d LOCATION (City or Town) 23o BURIAL, CREMATION (County) 11-14-1968 Salem Methodist Pocomoke City-Wor-Md. 2Sb REG STRAR S SIGNATURE 250 REC'D BY REGISTRAR Pocomoke City, Md. DATE NOV 15 1988 Ocharle



FOR STATE HEALTH DEPT. O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth any deloy is necessary, please execute the certificate, writing the word "pending" in penciting 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiners Office along with form PM3. Page hent of

16691

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1053.

| ı | 1005 | * 1 | MEDICAL E | XAMINER'S | CERTIFICATE | OF DEAT | TH _. | | | |
|---|---|---|---------------------------------|-----------------------------------|--|---------------------------|--|--------------------------|-------------------------------|-------------------|
| | 1 DECEASED-NAME (Type or Print) | JOH | • | Middle E | BRITTINGE | MAI | 2a DATE KNO OF ES DEATH MA | | -14-68, | 25 HOUR |
| | 3. SEX | 4. RACE | S. DATE OF BIRTH | 6 AGE (n yeu | ors F under 1 YEAR () MONTHS DAYS YRS. | IF UNDER 24 HI HOURS A | HIII | NOUNCED DEAD | .4. Year 68 | 2d HOUR 2:50 M |
| | 70 BIRTHPLACE (SIGNAL) 10 CITY OR TOWN C | JA RE | 7b, CITIZEN OF WHAT COUR | HOSPITAL OR INSTITUT | MARRIED NEVER MAY VIDOWED DIV TION (If not in hospita General | ORCED | COUNTY OF DEATH Wick L OCCUPATION (K n post of warking life) | omico | 12b KIND OF BUS | Me SINESS OR |
| | | NCE (Where dece | ased lived, if institution Re | esidence before 13c | CITY OR TOWN | 3d. INSIDE CITY LIMIT | 13e STREET A | | nore Ave | 3. |
| | 4 FATHER'S NAME 16a WAS DECEASED E (Yes, no, og unkno | VER IN U.S. ARMEI | 100 00 | TTINGHY CIAL SECURITY NO | 17. INFORMANT | ARG F | RET | Middle LOW ADDRESS | E Los | MD |
| | 18 CAUSE O | F DEATH (Enter of DEATH WAS CAUS | only one cause per line for (| ronary o | occlusion | 1. W. C | RITTIN | ultam (| APPROX MATE BETWEEN ONSET SUC | |
| | rise to imme stating the u last. | any, which gave diate cause (a), inderlying cause | (b) | ONSEQUENCE OF | | | | | | |
| l | 1 m | 01 | IDITIONS CONTRIBUTING TO | | | DISEASE OR CON | DITION GIVEN IN PA | RT 1(o) | Las uivans | |
| | 19a. DATE OF | | W | ONDITION FOR WHICH IAS PERFORMED? | | CSUBBRO IA | | | 20 AUTOPS | |
| | PRIMARY CAUSE OF DEA | OR CONTRIBUTING TH CCURRED 21e | P.M PLACE OF .NJURY (At home | 19 | 21c HOW INJURY O | | nature of injury in | | County | State |
| | AT WORK 22d | AT WORK | took charge of the rem | |], Suicide [], | Homicide | | laguiry (| | ny opinion |
| , | NAME (Type | 1409 Ca | Royer XI | Salisb | MO AS DE Ury, Md.♣D | PUTY MEDICAL E | EXAMINER X | 22b DATI | e signed v. 15, | 1968 |
| | BLRIAL, CREM. | 7 1 | 1 1 168 | | ery o r cremato ry 2 <i>G-72-6</i> 2 d | | BERE | -ITY V | VOR 1 | State) |
| | Burba | hate N | eral Home, | Berlin, | Md. | DATE NOV | | 25b REGISTRAR'S | SIGNATURE | a. |

VR A15ME (S) 10M REV 1/68

5 may be retained for your files.

**To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages + and 2 with the States. Health prior to burial, cremation, or removal, and in any event within 72 hours after death,

the funeral director. Page 4 should be forwarded to the Chief Medical Examp

TO DEPUTY



PM3. Page

in pencil in Vem 18, Eive Pages 1, Examiner's Office along with farm

This certificate shauld be executed within 24 hours at

16622

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| L | 7000 | A 24 | MEDIC | AL EXAMINE | R'S CI | ERTIFICATE | OF DE | ATH | | N. | 0 () () | |
|---|---------------------------|---|--------------------------|--|---------------------|-----------------------|------------------|-------------|---------------------------------------|---------------------------------|----------------------------|-----------|
| ľ | I DECEASED NAME | First | | M ddfe | | Lost | | | 2a DATE KNOW | Nanth Manth | Day Year | 2b HOUR |
| ı | (Type or Print) | LAFAY | YETTE | LAMAR | | BROWN | | | OF ESTI- DEATH MATER | 11- | 5-68 19 | |
| r | 3 SEX | 4. RACE | S. DATE OF BIR | TH 6 AGE | (In years | F JNDER 1 YEAR | HOURS | | 2c DATE PRONOL | | | 2d HOU |
| L | Male | AA | 5-11- | -58 | berthday) O YRS. | MONTHS DAYS | MUUKS | MIR. | Month 1 | 1 Doy | 5 Yeor 68 | 1 , |
| | To BIRTHPLACE (Stote | e or foreign 7 | b CITIZEN OF WH | AT COUNTRY? | 8 MAI | RRIED NEVER MA | RRIEDIK | 9. COU | NTY OF DEATH | William . | | |
| ľ | country) | land | U.S. | | | | ORCEO 🔲 | V | Vicomic | 0 | | N |
| | CITY OR TOWN OF Salis | F DEATH | [11 NA | AME OF HOSPITAL OR IN | NOITUTITZ | l (If not in haspital | during | most of | CUPATION (Kind o working life, eve | if work dane an if retired.) | 12b KIND OF BU INDUSTRY | SINESS OR |
| ŀ | | | | from Residence before | | | Id INSIDE CITY L | chor | 13e. STREET AND | | | |
| | admission) STATE | Md. | 13b. COUNTY To | vicomico | Sa. | lisbury | | | | conia | Ave. | |
| Ī | 4. FATHER'S NAME | First | Middle | Last | | IS. MOTHER'S MAI | DEN NAME | First | | Middle | la | şŧ |
| L | | brahim | | Brown | | Pag | rì | | | L) | a.hi=11 | 1 |
| P | 60. WAS DECEASED EV | ER IN U.S. ARMED FO | ORCES? | 16b. SOCIAL SECURITY N | 0. 1 | 7. INFORMANT | | | AC | DORESS | | |
| | 1703, 110, 03 OTINITO | VN) (II yes give w | rei or outes or service) | | | Pearl B | rown | | <u> </u> | bury | vervl | nd |
| | | DEATH (Enter only | one cause per li | ne for (a), (b), and (c).) | | | | | | | APPROXIMAT BETWEEN ONSE | |
| İ | | DEATH WAS CAUSED | IE CAUSE (a) F | racture | dis. | location | n of | cer | vical | spine | sudo | ien |
| ı | 214 | / | | AS A CONSEQUENCE OF | | | | | | | | |
| ı | Canditions, if a | iny, which gove) liate cause (a), (| (b) | | | | | | | | | |
| ı | stoting the un | iderlying couse | DUE TO, OR | AS A CONSEQUENCE OF | | | | | | | | |
| ı | last. | , | (c) | | | | | | | | | |
| ı | | | FIONS CONTRIBUTI | ING TO DEATH BUT NOT | RELATED | TO THE TERMINAL D | ISEASE OR C | O TICMO | N GIVEN IN PART | 1(0) | | |
| ı | 8/2 | | | 101 CONDITION FOR U | 0.001.00 | 25 LEVOLI | | | | | Too 1 ITOO | eva |
| ı | 190. DATE OF O | PERATION | | 19b. CONDITION FOR W WAS PERFORMED? | | RATION | | | | | 20 AUTOPS | |
| | E 210 EXTERNAL | CALLCE MIAS | Tash Time OF | INJURY Manth, Day, Year | | Ic HOW INJURY OF | CHRRED (I- | AA | | 11 0 10 1 | YES _ |) NO 🌠 |
| | | R CONTRIBUTING | | | | Pedestr | | | | | | |
| ı | PRIMARY OF DEAT | | | At home, form, street, | | If LOCATION Street | | | City or Town | | Caunty | State |
| ı | WHITE NO AT WORK | | fory office building | g, etc.) | | West Ro | | | • | | * | |
| 1 | | | | | | | | | - | | | |
| | | * | - | he remains describe | | | | | | | ond in n | ny opinio |
| 1 | deoin re | suited from: | Notural cous | ses , Accident | | | | , | | lea manner | L. | |
| ı | ACTUAL | 12 | 1 K | ~ ' | | | EF MEDICAL | | _ | 22b. DATE | EFICHER | |
| ł | SIGNATURE | Earl L | Royer | YI.D. | - | M.D A55 | ISTANT MEDICA | L EVAMI | MINER | Nov | 8, 19 | 168 |
| l | EXAMINER'S NAME (Type) | | | ve P, Sali | sbu | ry. Mdan | ORESS(Street, | , city, tax | wn or (qunty) | | | |
| = | 23a BURIAL CREMA | TION, 23b | | | | OR CREMATORY | | | | r Town) | (Caunty) (| (State) |
| 1 | REMOVAL (Spec | ify) | 1/9/68 | | | | | | | | ouico | 17.3 |
| - | 24 FUNERAL DIRECT | | 5.0 | TALL TADORE | SS | Comete | 25 a. REC D | BY REG | STRAR 2St | REGISTRARS | SIGNATURE | 110 |
| 1 | Clint | ion Ste | wart, | Salisbury | | | DATE NO | OV 1 | 3 1968 | Jelia | was Jus | ye. |

VR A15ME (5) 10M REV 1/68

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fire pages 1 and 2 with the State Depart

Health prior to buriol, crematian, ar remayal, and in any event within 72

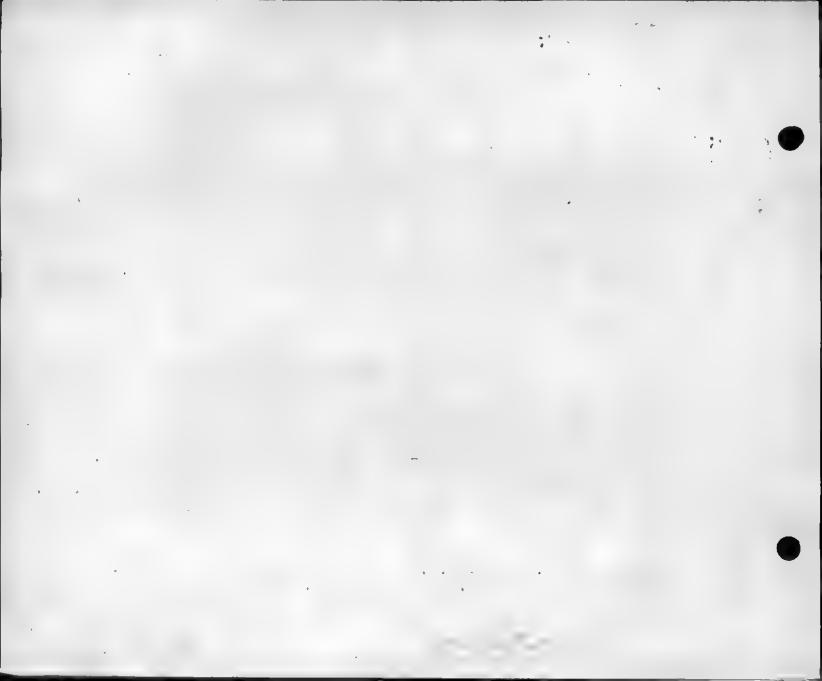
the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's

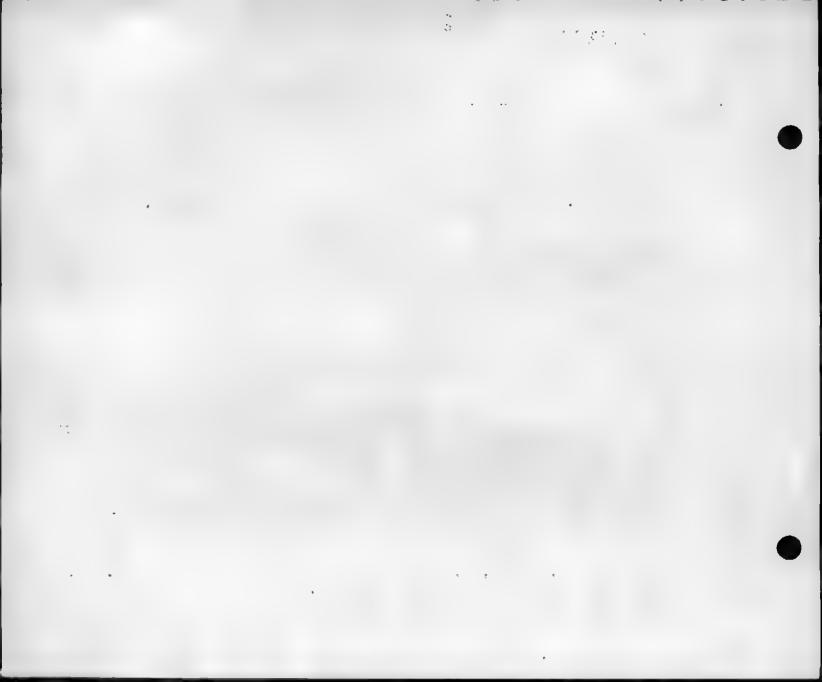
necestary, please execute the certificate, writing the word "pending"

DICAL EXAMINER:

TO DEPUTY

hours after death.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 85 16624 CERTIFICATE OF DEATH I. DECEASED-NAME Middle Last. 20 DATE OF DEATH 2b. HOUR. (Type or print) Year Vember 3. SEX 4. RACE S DATE OF BIRTH F UNDER 1 YEAR 6 AGE (n years IF UNDER 24 HRS. xecuted within 24 hours after ond completely filled in by the lost bighday) MONTHS 70. BIRTHPLACE (Stote or foreign 76 CIT ZEN OF WHAT COUNTRY? COUNTY OF DEATH 8. MARRIED NEVER MARR ED Wicomico remove corbon papers n any event, within 72 h DIVORCED [W DOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 125 K ND OF BUSINESS OR give street address) during most of working life, even if retired) Salisbury Peninsula General 130 USUAL RES DEMCE (Where deceased rived, if institution Residence before 3d INSIDE CTY LIMITS? 3e STREET AND NUMBER YES NO 14 FATHER'S NAME IS MOTHER'S MA DEN NAME First M. ddle Lost M ddle Lost : The low requires that the death certificate be 1.05€ please ond 166. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN S ARMED FORCES? 17 INFORMANT Yes, no. or Unknown) yes give war or dotes of service) IB. CAUSE OF DEATH (Enter on y one cause per ne for jo), (b) and (c). PART I DEATH WAS CAUSED BYpermit IMMEDIATE CAUSE (a) 6 cremation, DUE TO, OR AS A CONSECUENCE OF signed by the buriol-tronsit p buriol, crematin Conditions, if only, which gove to rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior to prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERT FYING CAUSES OF DEATH? YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF NURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 210. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (1) (this haspital) oftended the deceased from director, page 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIAN 22e. ADDRESS NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23d_LOCATION (City or Town) (County) REMODVAL (Specify)

MARYLAND STATE DEPARTMENT OF HEALTH



TO DEPUTY

VR A15ME (5) 10M REV, 1/68

16625

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

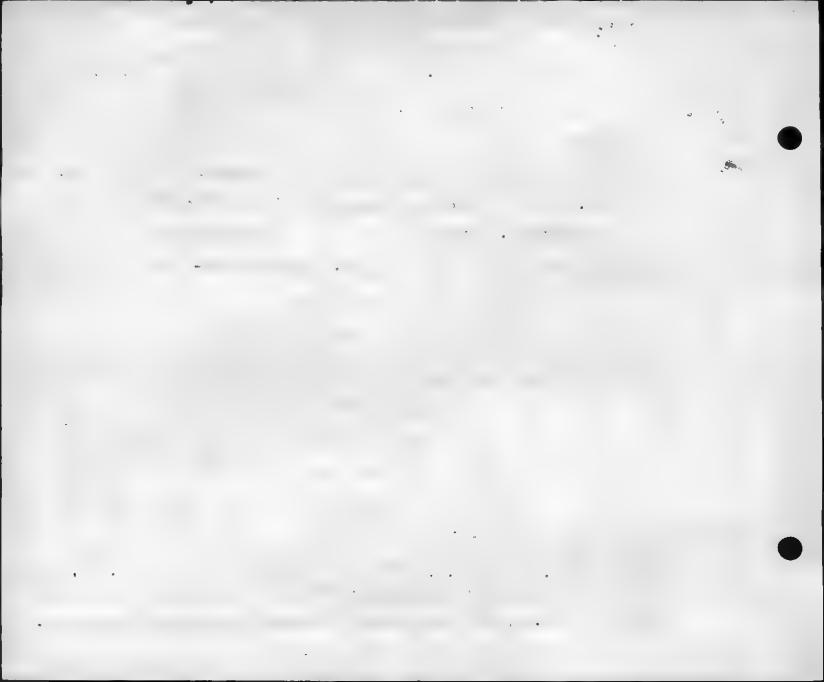
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

19321

| | | (CEASED NAME ype or Print) | F 15 JA | MES | Middle HANDY | | Last DA | /IS | | 2a DATE KNOWN OF ESTI- DEATH MATED F | Marr | 4 | 26 HOUR 7:35 |
|--|---------------|---|--|---|------------------------------------|----------------------|----------------|---|----------------------|---|-----------------|--|-----------------|
| ŀ | 3 SE | x ale | 4. RACE | S. DATE OF BIRTH | 84 8 | (In years inteday) M | IF UNDER 1 YEA | | 24 HRS MIN | 2c DATE PRONOUNCE | | Year 19 68 | 24 HOUR |
| | caun | IRTHPLACE (State | and | 7b. CITIZEN OF WHAT CO | UNTRY? 8 | MARRI WIDOW | ED 📆 I | MARRIED | | NTY OF DEATH Wicomi | | | Md |
| | | Salis | bury | give street | | sula | Gen. I | losp during | most of | CUPATION (Kind of working ite even | fretired) IN | zb kind of bu DUSTRY Farmin | SINESS OR |
| | ac | imiss an) STATE | Marylan | sed lived, if institution. d 13b COUNTY Som | erset | Rehob | eth | YES N | 10 🛣 | 13e STREET AND NO | | | |
| | | ATHER S NAME | James | Middle | Davis | | | | first levi | La · | | Hayman | 51 |
| | 16a. 1 (Y | WAS DECEASED EV es, na, ar unknav No | (If yes give | | OCIAL SECURITY NO 5-38-17 2 | | ene Ba | iley-4 | 11 I | Oudley Ave | ePoco | | |
| | | 18. CAUSE OF PART 1 C | DEATH (Enter of DEATH WAS CAUSE IMMED | nly ane cause per line far D BY ATE (AUSE (a) C | (a), (b), and (c).) ongesti | ve h | eart | failu | re | | | APPROX MAT BETWEEN ONSE day: | T AND DEATH |
| | | rise to immed | iny, which gave late cause (a), derlying cause | (b) Art (DUE TO, OR AS A | erioscl | erot | ic ca | rdio- | vas | cular d: | i <u>sease</u> | yea | rs |
| | | 1 / - | | ontrovs contributing to | | | | | CONDITIO | N GIVEN IN PART 1(| a) | | |
| / | CERTIFICATION | 19a DATE OF C | | 19b | CONDITION FOR WE WAS PERFORMED? | | | | | | | 20 AJTOPS | |
| | DICAL | 21a EXTERNAL PRIMARY O (AUSE OF DEAT 21d NURY OC | R CONTRIBUTING. H | - 17:00 PM 0 | ct.16 196 | 8 | Aut | | ent | re of njury a Part I (involvi) | | rs) | |
| - | 2 | WHILE N | OT WHILE | PLACE OF NURY (At han ottory, affice building, etc. | 67 | | 1 mi | le nort | h of | City or Town C: Marion | | | |
| 1 600 | | | | taak charge af the re Natural causes [| | | uicide | Sunceppel | le 🔲, | _ | | | ny opinian |
| The state of the s | | ACTUAL SIGNATURE EXAMINER'S NAME (Type) | Earl L | Royer M | 409 Ca Salisb | | Ave. | ASSISTANT MED DEPLITY MEDICA ADDRESS(Street | ICAL EXA | MINER MER | Nov | GNED . 12, | 1968 |
| 1 | 23a | BURIAL, CREMA REMOVAL (Spet Burial | TION, 23b | DATE 0v.12,1968 | 23c NAME OF C | | | | | LOCATION (City or 1 | tawn) (i | -, | State) |
| C | | | | aw & Sons - | Crisfie | ld, M | d. | 2Sq REC I | | 4 1968 | REGISTRAR'S SIG | GNATURE | el |



MARYLAND STATE DEPARTMENT OF HEALTH



24 FUNERAL DIRECTOR

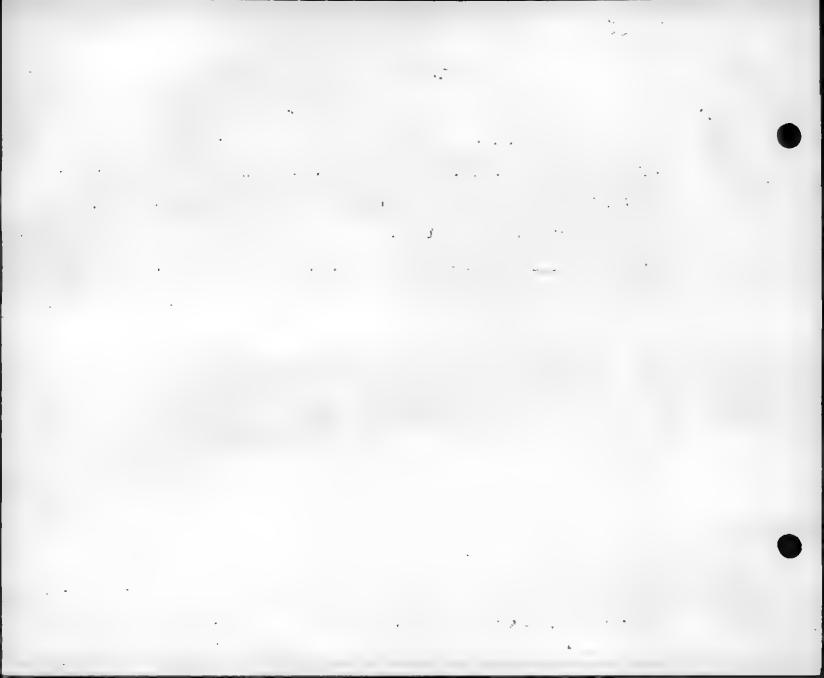
Hill Funeral Home Salisbury, Maryland

VR A15 (4)

250 REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

1968



16628

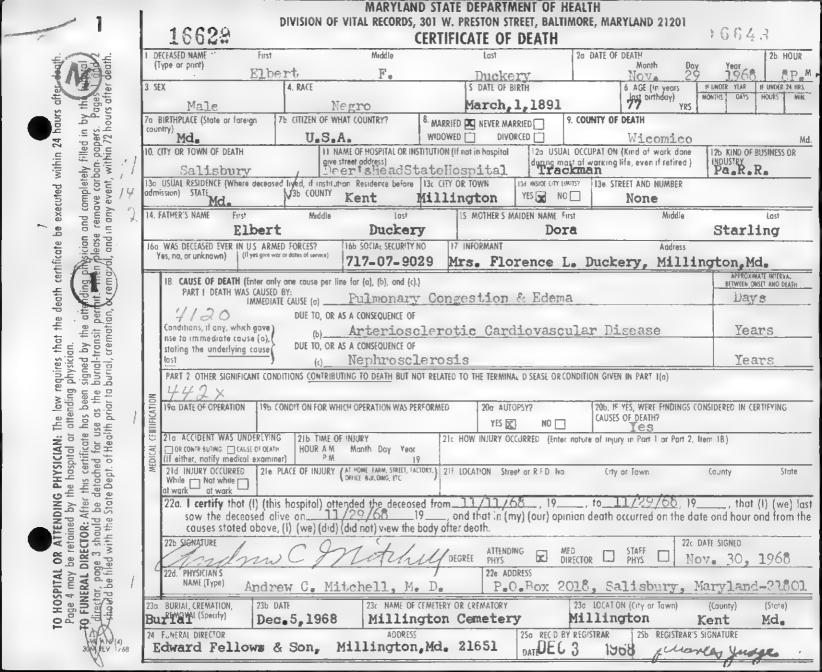
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1634"

| H AL | 7 | | CEASED NAME Ype ar Print) | Frst | | idle | Last | | 2a DATE KNOWN Manth D | ay Year | 2b HOUR |
|---|--------------|---------------|------------------------------|--------------------------------------|------------------------------------|-----------------------|-----------------------|---------------------------------------|--|------------------------------|------------|
| 8 6 | | | | ALIC | | ENCE | DUCK | | DEATH MATED 11-21 | T-6018 | 9 7 |
| 0 | | 3 SE | | 4. RACE | S. DATE OF BIRTH | 6. AGE (In years | MONTHS DAYS | HF UNDER 24 HRS HOURS MIN | 2c. DATE PRONOUNCED DEAD | V | 2d HOUR |
| TT TT | | Fe | male | White | 2-7-18 | ost publica) 50 yr | s and an a | I I I I I I I I I I I I I I I I I I I | Month 11 Day 21 | Year 1968 | 9 7 |
| | | 7a. 8 | SIRTHPLACE (Stat | e or foreign 7b | CITIZEN OF WHAT COUNTRY? | | ARRIED NEVER MAI | RIED 9. CO | UNTY OF DEATH | | |
| re D | | (OUR) | ''y Mary | land | USA | | | | Wicomico | | Md |
| Stai | E Park | 10. 0 | ITY OR TOWN O | | 11 NAME OF HOSPIT | AL OR INSTITUT O | N (If not in haspital | 12a USUAL O | CCUPATION (Kind of work done 12 | LE KIND OF BUSH | NESS OR |
| <u>₹</u> | | | | sbury | Peninsu | la Gen | eral | House | work & Canning | actory | |
| Page 4 should be tarwarded to the Chief Medical Exomygers Utice along with form FMS. or your files. R.Page 3 sho≡id be ussed as a Suriol-finisit permit. File passes last with the State Despartm. | deoth | 13a. | USUAL RESIDEN | CE (Where deceased | lived, if institution: Residence | e before 13c (IT | | S INSIDE CITY LIMITS? | 13e STREET AND NUMBER | | - |
| 5 } a ■ | de | ac | Imission) STATE | Md. | 13b COUNTY Wicomi | co Fr | uitland | YES NO | Main & Brown | Sts. | |
| in in | uffer. | 14 F | ATHER S NAME | First | Middle | rast | IS. MOTHER'S MAIL | | | Last | |
| 2, Z | S | | G | leorge | T. Will | iams | | Mamie | Evelyn | Enn: | is |
| Pages S | OUL | | | PER IN U.S. ARMED FO | RCES? 166 SOCIAL SE | CURITY NO | 17 INFORMANT (| son) | ADDRESS 150° | 7 S. D. | iv. |
| E E | 54 T | {1 | es, na, ar upknav | VIT) (If yes give wa | or defes of service) 213-16 | -8314 | Mr. Wm. | Duck, | Salisbury, Md. | | |
| niet Medical Exom | <u>.</u> ⊑ | | 38 CAUSE OF | | ane cause per one for (a), (b), | | | | | APPROX MATE BETWEEN ONSET | |
| o the Chief Medical Suriol-fensit permit. | vith | | PART (| DEATH WAS CAUSED I | | | noxide p | oisoni | ng | | avs |
| Med per | <u>></u> | | 11/1 | X | DUE TO, OR AS A CONSEQU | | | | | E ((4.5 | 710 |
| nsit | ieve | | | iny, which gave | ()-) | | | | | | |
| 5 # | Áuii | | | liate couse (a), { Iderlying couse (| DUE TO, OR AS A CONSEQU | JENCE OF | | | | | |
| F .5 | .5 | | last. |) | 10 | | | | | | |
| | Du l | | PART 2 OTHER | SIGNIFICANT CONDITI | ONS CONTRIBUTING TO DEATH | BUT NOT RELATED | TO THE TERMINAL D | SEASE OR CONDITI | ON GIVEN IN PART 1(a) | | |
| pap. | removal, ond | | 11,00 | | | | | | | | |
| orwar ⊍s ≡ d | 000 | CERTIFICATION | 19a. DATE OF C | PERATION | | H FOR WHICH OF | PERATION | | | 20 AuTOPSY | ? |
| be us | He L | IIFIC | | | WAS PER | FORMED? | | | | YES 🗀 | NO TO |
| d b | JO. | CERI | 21a EXTERNAL | | 216 TIME OF INJURY Month, | Day, Year | 21c. HOW INJURY OC | CURRED (Enter nat | ure of injury in Part 1 or Part 2, Hem | | |
| hould be iles. showid l | , 011, | MEDICAL | CAUSE OF DEAT | R CONTRIBUTING | HOURAM. 10-2 | 8-68 | Faulty | furnac | e at own home. | | |
| shoul files. 3 shou | d l | MED | 21d THIJRY OC | CURRED 21e, PL | ACE OF INJURY (At hame, farm, | | 21f. LOCATION Street | | | Caunty | State |
| e 4 our | cremation, | | AT WORK | of white of other | ry, affice building, etc.) wn home | Ma | in & Bro | wn Sts | ., Fruitland, | Wic. | Md- |
| 2° 2° 3° 3° 3° 3° 3° 3° 3° 3° 3° 3° 3° 3° 3° | , | | | | | | | | spection X, Inquiry X. | | |
| . i d | buriol, | | | | Notural causes | | | | | 7 | y op ir on |
| rect Sine | 0 | | o contri | 0 | , | delidetti [2] | | F MEDICAL EXAMIN | | | |
| ret d | prior | | ACTUAL | /Eml 1 | La e | | | STANT MEDICAL EXAMIN | | GNED | |
| be KA | ā. | | SIGNATURE EXAMINER'S | Earl L. | Royer, M.D | | | JTY MEDICAL EXAM | | 26, 19 | 768 |
| | 들 ! | | NAME (Type) | | den Ave., S | - | | | | | |
| the funerol director. Page 4 sh 5 may be retained for your fill TO FUNERAL DIRECTOR: Page 3: | le | 230 | BJRIAL, CREMA | TION, 23b D | | | Y OR CREMATORY | | | County) (SI | tate) |
| - | | | REMOVAL (Special Buris | ful | | | Cometers | | | ester, | , |
| | | 24 | FUNERAL DIRECT | | <u></u> | ADDRESS | OCTATOROL ! | 25a REC D BY RI | GISTRAR 2Sb REGISTRARS SIC | GNATURE | -104 |
| VR A15ME (10M REV. 1/ | ans | Н | ollows | av & Com | pany, Salis | hurs. | Md. | DATDEC 2 | 1968 Schanl | en Juda | ٤. |
| OF REV. 1/ | 20 | - | | | 1 3 | | | I WIN V IV | | · / / / | |







Pages 1 and 2

er death

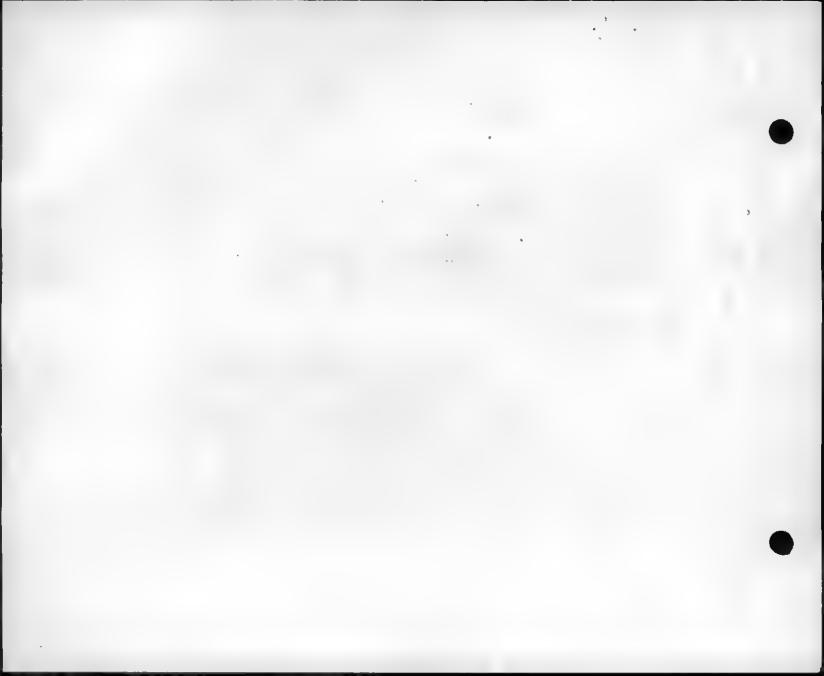
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capfaletely filled hear the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept af Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death.

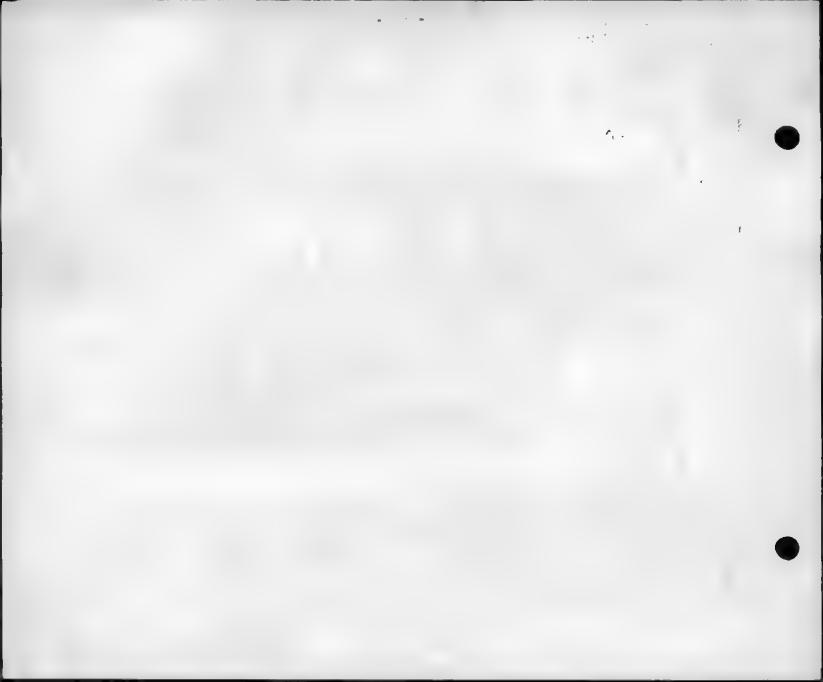
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

Page 4 may be retained by the haspital or attending physician.

30M REV 1/68

| 16630 | | CERTIF | ICATE OF | DEATH | | 1004 | |
|--|---|------------------|------------------------------|------------------------------|--|--|---------|
| 1. DECEASED-NAME First | Middle | | lost | 2 | o. DATE OF DEATH | | HOUR - |
| (Type or print) Zohn | Larry | | DUK | ESI | NOVEMBER | 17 1968 12 | TH |
| 3. SEX | 4. RACE | | 5. DATE OF B | IRTH | 6. AGE (In years last birthday) | IF UNDER 1 YEAR IF UNCER MONTHS DAYS HOURS | 24 HRS. |
| MALE | Caucasian | | 25 S | eptember | 7970 58 YRS | | 10.004 |
| 70. BIRTHPLACE (State or foreign 7 | b citizen of what country? | 8. MARRI | ED 🔲 NEVER MAI | RRIED 9. C | OUNTY OF DEATH | | |
| | | WIDOW | | RCE E | Wicomico | | Mo |
| 10. CITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL OR IN give street address) | | if not in hospitol insula | | CUPATION (Kind af wark done I working life, even if retired.) | | OR |
| Salisbury | Genera | 1 Ho | spital | Labo | ner | | |
| 3a USUAL RESIDENCE (Where deceased admission) STATE | l lived, it institution. Residence before. 13b., COUNTY | | | 38 INSIDE CITY LIMITS? | | | |
| Delaware | Jussex V | Mill | sloro | | Route 3 | | |
| 14 FATHER S NAME First | M ddle Lost | | | AIDEN NAME First | Middle | Lost | |
| Larry 160, WAS DECEASED EVER IN U.S. ARME | E. Dukes D FORCES? 166 SOCIAL SECURITY | NO II | 7 INFORMANT | ana | Address | Timmons | |
| Yes (If yes give wer | or dates of service) 222-01-22 | 97 | Aline | E. Colli | ins Milksbo | ro, Delaware | - |
| | one couse per line for (o), (b), and (c) |)) | | | | APPROXIMATE INTERV BETWEEN ONSET AND O | |
| PART I. DEATH WAS CAUSED I | BY. E CAUSE (o) | De | dicon | use | | | |
| 1 | DUE TO, OR AS A CONSEQUENCE OF | | D- 0 | | | 3.0 | |
| Conditions, if any, which gave | (b) | Po | Mendi | <u> </u> | | 10 done | P |
| rise to immediate couse (a), (stoting the underlying couse. | DUE TO, OR AS A CONSEQUENCE OF | 0 | n a | 0 0 | 0.0 | (20) | |
| lost. | {c} | 10 | March | on due | of tiller. | Javac | 5. |
| PART 2. OTHER SIGNIFICANT COND | TIONS CONTRIBUTING TO DEATH BUT N | | | AL DISEASE OR COND | ITION GIVEN IN PART 1(a) | | |
| 3 <u>341</u> | Bellium To | | | | Table in use where the blue | CANCIDENCE IN CONTRAINING | |
| | ONDITION FOR WHICH OPERATION WAS PI | | 20o. AUTO | | 206. IF YES, WERE FINDINGS CAUSES OF DEATH? | CONSIDERED IN CERTIFYING | , |
| | | 210 | . HOW INJURY OC | CURRED (Enter nat | ure of injury in Part 1 or Part 2 | , Item 18.) | |
| OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine | HOUR A.M. Month Doy Year | 19 | | | | | |
| - I ZIG. INJUKI OCCURRED ZIG. F | LACE OF INJURY (AT NOME, FARM, STREET, FA | | LOCATION Stre | et or R.F.D. No. | City or Town | County S | tote |
| of work of work | | | | | | | |
| 22a. I certify that (I) (this | haspital) attended the deceas | ed from. | 11-05 | , 19.68 | -, ta 11-17, 1 | 9 <u>60</u> , that (I) (w | e) las |
| saw the deceased aliv | ve an(i) (we) (did) (did-not) view the | 19 <u>65-2</u> , | and that in (iii ar daoth | iy) (our) apiniai | n death accurred an the a | late and haur and tro | m th |
| 22b SIGNATURE | (i) (we) (ala) (aradia) then the | - bady an | GI OCUIII. | · · · | 220 | DATE SIGNED | |
| Charle TH | M. Olevest | D_{i} | EGREE PHYS. | NG MED D REC | | | |
| 22d. PHYSICIAN S | 35 | | 22e ADI | | | - | |
| NAME (Type) | | | | | | | |
| 23o. BURIAL, CREMATION, 23b. DA | TE 23c. NAME OF | CEMETERY | OR CREMATORY | 23 | d. LOCATION (City or Town) | (County) (State |) |
| | November 68 Dag | sbore | Memori | al 1 | Dagsboro, Sus | sex, Delawa | ve |
| 24 FUNERAL DIRECTOR | AD DRES | |) 0 | 2So REC'D BY RE | | | |
| Korald flower | ~ Melladoro | - 21 | ch. | DATE NOV | 1 9 1968 / | corles Judge | |





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 $-1.6\,$ G < +, +16632 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a DATE OF DEATH Last First 2b. HOUR (Type or print) Year IF LINDER 1 YEAR 4. RACE IF LINDER 24 HRS. 3. SEX 6. AGE (In years executed within 24 hours after last birthaay) MONTHS DAYS HOURS TE completely filled in by 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED [Wicomico 11 NAME OF HOSPITAL OR INSTITUTION (it not in hospital give street address) Peninsula 120 USUAL OCCUPATION (Kind of work done 10. CITY OR FOWN OF DEATH 12b. KIND OF BUSINESS OR during most of warking life, even if retired) INDUSTRY Salisbury Hospital General 13c CITY OR TOWN 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER and in ony Middle Last 15 MOTHER'S MAIDEN NAME First Middle pmo 0 0 40 legse/ PHYSICIAN: The law requires that the death certificate 166 SOCIAL SECURITY NO INFORMANT 160. WAS DECEASED EVER IN LS ARMED FORCES? Address Yes, na, az unknawn) burial, cremotion, or removol, signed by the ottending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one cause per ing-for (a), (b), and (c), BETWEFN ONSET, AND DEAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the haspital or attending physicion. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been be detached for use as the Stote Dept. of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH Month Day Year HOUR A.M. P.M. (If either, notify medical examiner) 21d. N. LRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at wark ATTENDING 22a. I certify that (1) (this haspital) attended the deceased fram-1965, and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased alive an director, page 3 should should be filed with the causes stated abave ((1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE DIRECTOR 22d. PHYSICIAN 22e. ADDRESS NAME (Type BUR.AL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORN 23b. (Stote) 23a VR A15 (4) 1968 30M REV 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16633 CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR hin 24 haurs after death 9 9 (Type or print) NOVEMBER EVIN 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In years last birthday) MONTHS ! HÓURS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED MEVER MARRIED country) Wicomico WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Peninsula during most of working life, even if retired.) INDUSTRY remave carban Salisbury General Hospital and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3d INSIDE CITY & MITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 14. FATHER'S NAME IS MOTHER'S MA DEN NAME First physician and Middle Middle Lost law requires that the death certificate be ex -AUST KAND please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na. or unknown) . If yes give war or dates of service? burial, crematian, ar remaval, APPROXIMATE INTERVA.
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o signed by the a burial-transit pe Canditians, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 far use as the t f Health priar tab O FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO D 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Hern 18) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year ¥0 (If either, notify medical examiner) detached 2 d MURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY,) 21f LOCATION Street or R F D No. City or Tawn County State Whe Not while at work ATTENDING 22a | certify that (1) (this haspital) attended the deceased from 19 68, and that in (my) (aur) apinion death accurred an the date and hour and fram the saw the deceased alive an. be retained causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED STAFF directar, page 3 should be filed v PHYS DIRECTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 23a BURIAL, CREMATION (County) (Stote) REMOYAL (Specify) WILMING TON FUNERA, DIRECTOR VR A15 (4) 30M REV, 1/68



| | | | | | MARYLA | ND STATE D | EPARTMENT OF | HEALTH | |
|------|--|-----|---------------|---|---|---------------------|-------------------------|--|---|
| | 1 | | | 40000 | DIVISION OF VITAL RECORDS | , 301 W. PRE | STON STREET, BAL | TIMORE, MARYLAND 2120 | 15640 |
| | | | | 16634 | | | TE OF DEATH | | 1004 |
| | | | 1 D | s*. | Middle | CENTITION | Last | 2g. DATE OF DEATH | 2b. HOUR |
| | # = 24 | - 1 | | CEASED-NAME First ype or print) | | - | 121 | A Month | Doy Year 1058 M |
| | # 65 | | | Bab | | Frani | 5/17 | 1000ember | 13 1740 110 1 |
| | ∌ (4 √ ₺) | | 3. SE | X / | 4 RACE | S. | . DATE OF BIRTH | 6. AGE (In years last birthday) | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MM. |
| | E 65 | | 5-6 | ma/e | White | | 11-13-1968 | Sazi pilliandi) | RS. O O O |
| | by Pours | | 7o. E | IRTHPLACE (State or foreign | 7b. CITIZEN OF WHAT COUNTRY? | | NEVER MARRIED | 9. COUNTY OF DEATH | |
| | in ho | | cour | Maryland | U.S.A. | WIDOWED | | Wicomico | Mel |
| | led on 7 | | 10. 6 | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR | INSTITUTION (If not | in haspital 12a. US! | BAL OCCUPATION (Kind of work do | ine 126 KIND OF BUSINESS OR |
| | icate be executed within 24 hours after death. sician and campletely filled in by m. Lingeral please remove carban papers. Page and 2, and in any event, within 72 hour after death. | 2 3 | | Salisbury | give street address) | Peninsu meral Ho | la during n | nost of warking life, even if retire None | d.) INDUSTRY |
| | d w lete arb | | | | sed lived, if institution: Residence befor | e 13c. CITY OR TO | OWN 13d. INSIDE CITY | | |
| | ave ce | , | adm | ssion) STATE Larvland | 13b COUNTY Wicomico | Salisb | Dry YES A | 107 Clemvio | od St. |
| | execu d can emove | 1 | 14. | ATHER S NAME First | Middle Lost | | MOTHER'S MAIDEN NAME | | |
| 2.1 | ie death certificate be executed withi attending physician and campletely f permit. Then please remove carban ian, ar removal, and in any event, with | - | | Brady | Lee Franklin, | | Nanc | | Hurley |
| - A | ian ian ian | | 160 | WAS DECEASED EVER IN U.S. ARM | MED FORCES? 16b. SOCIAL SECURIT | | ORMANT | Addres | S |
| V*** | law requires that the death certificate nding physician. been signed by the attending physicians the burial-transit permit. Then pleasior ta burial, crematian, ar remayal, and | | Α, | es, na, ar unknown) 📗 (f yes give 4 | vor or dates of service) None | 1 Lr | . Brady Lee | Franklin Jr. S | ee Sec 13 |
| | that the death certifican. by the attending phy transit permit. Then cremation, ar removal | | | NO DE PEATU (F | l | -11 | 7.5 | | APPROX.MATE INTERVAL |
| | th o | | | PART I, DEATH WAS CAUSE | lly one cause per line for (a), (b), and (| 00) 7 | - (K. A | ful 1: | BETWEEN ONSET AND DEATH |
| | dea ment | | | IMMEDIA | ATE CAUSE (a) | 310 AU | 4 CDIV | nw r 633 gr | nejajin |
| | ath per ion, | | | /// | DUE TO, OR AS A CONSEQUENCE O |)F | | | Franci |
| | t the | | | Conditions, if any, which gave a rise to immediate cause (a),(| (b) | | | | |
| | the day | | | stating the underlying cause | DUE TO, OR AS A CONSEQUENCE O |)F | | | |
| | equires that the physician. signed by the burial-transit purial-transit purial, cremati | | | last. | (c) | | | | |
| | Phy Sign burn | | | PART 2 OTHER SIGNIFICANT CON | NDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO 1 | THE TERMINAL DISEASE OF | (CONDITION GIVEN IN PART 1(a) | |
| | law re nding been s the iar ta | | × | 776X | | | | | |
| | lo be | | NATE OF | 19a. DATE OF OPERATION 19b | CONDITION FOR WHICH OPERATION WAS | PERFORMED | 20a AJTOPSY? | | GS CONSIDERED IN CERTIFYING |
| | 4: The law rear at a trending the has been so the tree to the tree tree to the tree to the tree to the tree tree to the tree tree to the tree tree tree tree tree tree tree | X | CERTIFICATION | | | | YES NO | CAUSES OF DEATH? | |
| | IAN: The at | | | 21a ACCIDENT WAS UNDERLYIN | | | INJURY OCCURRED (Ent | ter nature of injury in Part 1 or Par | † 2, Item 18.} |
| | pital a pital a rrificat d far af Hec | | MEDICAL | OR CONTRIBLTING (AUSE OF DEAT (If either, natify medical exami | TH HOUR A.M. Month Day Yeiner P.M. | or | | | |
| | asp cert | | AE G | 2 d INJURY OCCURRED 21e | PLACE OF INJURY (AT HOME FARM, STREET OFFICE BUILDING ETC | | ATION Street at R.F.D N | a. City or Town | County State |
| | OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by le 3 should be detacted far use as the burial-traded with the State Dept. af Health priar ta burial, cre | | | While Nat white at work | OFFICE BUILDING FTC | 1 | | , | |
| | TENDING ned by th DR: After to suld be do the State | | | | us (haspital) attended the deces | sed from | 11/13 19 | 68, to 1113 | 1945 8, that (I) (we) last |
| | d b d b d b d b d b d b d b d b d b d b | | | snw the decensed of | live on 1/1/5 | 1967 8 and | that in (my) (aur) a | pinian death accurred on th | e date and haur and fram the |
| - | ATTENI etained CTOR: / shauld vith the | | | causes stated abave | e (1) (we) (did) (dia nat) view th | e bady after de | oth. | | |
| | R ATTENT retained ECTOR: A 3 should with the | | | 22b. SIGNATURE | 0 0 50 | O MD | ATTENDING | MED. STAFF | 22c DATE/SIGNED |
| | OR be rolling | | | My | 1 C May | DEGREE | E PHYS. | DIRECTOR PHYS. | 11/13/68 |
| | A September of the sept | 1 | | 22d PHYSICIAN S | 7.0 1.0 1/ 23 | | 22e. ADDRESS | due ant | w , 0 |
| | O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the | 1 | | NAME (Type) Dr. A | lfred C. Kolls | | 2.5 | | man Almin |
| | HO. | ^ | 23a | | | OF CEMETERY OR C | | 23d. LOCATION (City watawn) | (County) (Stote) |
| | 5 0 p 42 | 1 | | REMOVAL (Specify) Burial | -15-1968 Wicom | nico Hemo | orial Park | Salisbury, N | |
| | VR A15 \ | Sil | 24. | FILMEDAL DIDECTOR | ADDRE | 22 | 25a. REC D | | RAR'S SIGNATURE |
| , | 30M REV, 1, | 68 | | Hill Funeral F | lome Sadisbury, Na | arytand | DATENO | V 18 1968 RC | iantes Indae : |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15540

| | | | | 1 | CERTIF | ICAIL OF DEAL | П | | | | | | |
|---------------|---|----------------|------------------------|---------------------------|-----------------|---|-------------|---|---------------------|------------|-----------|----------------|----------|
| | ECEASED-NAME | First | | Middle | | tost | 1 | 2a. DATE OF D | | | | 26 | HOJR |
| | Type or print) | LEROI | | None) | | GODW IM | ! | Nov | Month [/ember 1 | 2] | 1968 | 77 | •15 |
| 3. S | EX | | 4 RACE | | | S. DATE OF BIRTH | . 0 0 1 | 6 | AGE (In years | 8F UND | LR " YEAR | F JNDEF | R 24 HRS |
| | Mal | • | The Table | hite | | Oct.25, | T8 94 | + | lest birthday) | MONTHS | S. DAYS | HOURS | ANT |
| | BIRTHPLACE (State | or foreign | 76 CITIZEN OF WI | HAT COUNTRY? | 8. MARRIE | D NEVER MARRIED | 9 0 | COUNTY OF D | EATH | | - | 4 | |
| COU | ntsy) Md. | | USA | | ₩.DOWI | | | WICOMI | CO | | | | A |
| ID. | CITY OR TOWN OF | DEATH | II N | AME OF HOSPITAL OR IN | STITUTION (| finat in haspital 12a | USUAL O | OCCUPATION (K | and of work dan | в 125. | . KIND OF | BUSHNES | SOR |
| | Sali | sbury | Dee | r's Head S | State | Hospital during | La La Co | Transfer a par | ealerd |) IND | Pro | duc | e |
| 13a | USUAL RESIDENCE ISSION) STATE | (Where decease | ed lived, finstitut | an Residence befare | | OR TOWN 13d INSIDE | C TY LIMITS | 13e STREI | ET AND NUMBER | -1 | | | |
| uum | Maryla | ad | Wicomi | CO | Sa | Lisbury YES | NO [| 115 Wai | les Stre | et | | | |
| 14 | FATHER'S NAME | First | Middle | Lost | | IS. MOTHER'S MA DEN NA | ME First | | M ddle | | | Last | |
| | | eorge | | Godwin | | Anr | na | | | | Jant | we] | 1.1 |
| 160 | . WAS DECEASED EV | ER IN U.S. ARA | MED FORCES? | 166. SOCIAL SECURITY | | INFORMANT | | | 515Addresa | iles | St | ree | at. |
| | NO. | (")" | | | M | rs. Margie | e Go | odwin | Salish | urv. | Md. | | |
| | | | | ne for (a), (b), and (c). | | | | | | | APPROX. | MATE HITER | RVAL |
| | PART I. DEA | TH WAS CAUSEI | D BY: ATE CAUSE (a) | Emphysema | (vear | s) and brone | chia | l nneur | monia (d | lave) | | | - LANGE |
| | 472 | X | | AS A CONSEQUENCE OF | 10 | | | - | 1 | برددوس | | | |
| | Conditions, if ony | | /63 | | | | | | | | | | |
| | rise to immedia stating the unde | | | AS A CONSEQUENCE OF | | | | | | | | | |
| | lost. 5 | /// | (c) | | | | | | | | | | |
| | PART 2 OTHER S | IGNIFICANT COL | IDITIONS CONTRIBU | TING TO DEATH BUT N | OT RELATED | TO THE TERMINAL D SEASE | ORCONE | DIT ON GIVEN II | N PART 1(a) | .77 | 22.5 | | |
| 22 | | | | | | | | | | | | | |
| ATIO | Squamous cell carcinoma of the right neck wit | | | | | | | TOPSY? 2Db. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING | | | | | |
| CERTIFICATION | | | | | | YES NO | | CAUSES O | F DEATH? | | | | |
| | 210 ACC DENT W | | TIDE HINE OF | | 210 | HOW INJURY OCCURRED (| (Enter nat | ature of injury | n Part 1 or Part 2 | 2, Item 18 | (.) | | |
| CAL. | or contributing (If either, notify) | | | Manth Day Year |) | | | , , | | | , | | |
| MED | 21d INJURY OCC | JRRED 21e | | AT HOME FARM STREET FAC | | LOCATION Street or R.F.D |) Na | (ify or | Town | (aun | ity | ¢ | State |
| | While Nat wo | hile [] | 1 | OFFICE BUILDING ETC. | - 1 | | | | | | ' | | |
| | | | is haspital) atte | ended the decease | ed from S | ctoper 21 | 968 | . to Nov | ember 12 | 9 68 | that | 16 Cm | nl fav |
| | saw the | deceosed of | live on Nove | mber 12 | 9 <u>68</u> , 0 | October 21 , 1 ng that in (MY) (our) | opinio | on death occ | urred on the | dote and | d hour | and fro | om th |
| | couses s | toted above | e, (集 (we) (did) | (XIXXXX) view the | body afte | r death. | | | | | | | |
| | 226. SIGNOFFIRE | 1 | 1 | 1.11 | | ATTENDING | MED | | TACC = | DATE SI | 110 | | |
| | 1116 | 1 | mo | proof | DE | GREE PHYS | D REC | | HYS A | 11/12 | -, | | |
| | 22d PHYSICIAN S NAME (Type) | A 0 | M44-1-77 | M D | | 22e. ADDRESS | | Ohaha | TT 4 h - 7 | Mary | | | |
| | | | Mitchell | | | Deer's H | | | | | | | |
| 230. | BURIAL, CREMATIC REMOVAL (Specify) |) | | 23c. NAME OF | | | 23 | 3d. LOCATION | | (Саи | 17 | (State | , |
| 24 | Brana | | -15-68 | Mels | ons | Cemetery | C'D DV D | Mels | ons W | icon | nico | , N | 1d . |
| 24 | FUNERAL DIRECTOR | /amas | fauil | ADDRESS | 3 2 Wh T F | | | EG STRAR | 2Sb REGISTRAR | | 100 | 4.4 | |
| | Thoma | as F. | Wallace | e Salisb | jury, | TICL . DATE | VOV | 1 4 191 | DO KU | carle | Y Yes | 150 | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the buriaf-transit permit. Then please, should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and is VR A15 (4) 45M - 1/69

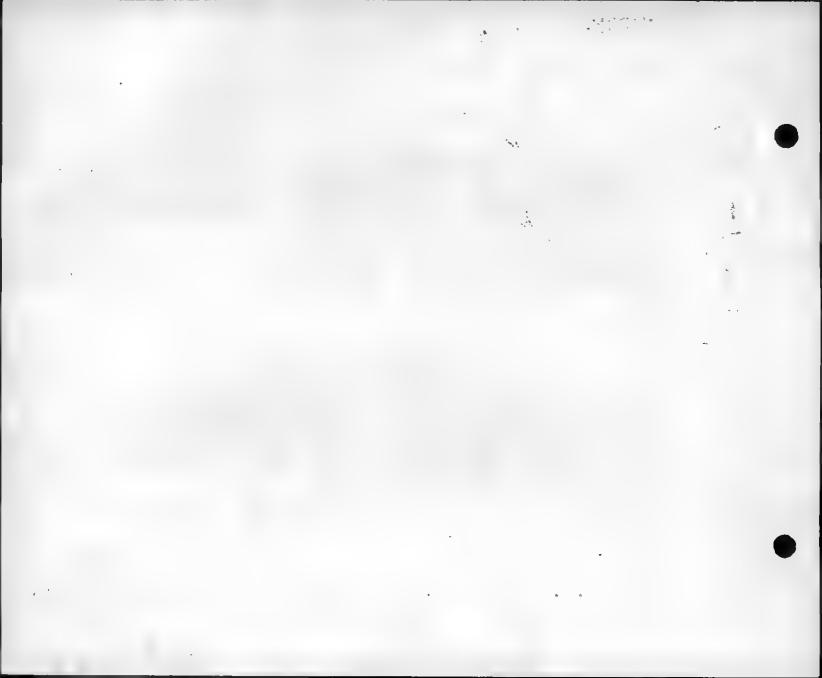
in by the funeral

completely

Arours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.



filled in by papers. ar removal, and in any physician and then please rem permit. crematian, burial-transit burial priar tal O FUNERAL DIRECTOR: After this certificate has been ad far use af Health p use by the haspital ar be detached 3 shauld with the be retained director, shauld b VR A15 (4)

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

within 24 hours after

1868, and that in (my) (com) opinion death occurred on the date and hour and from the saw the deceased alive on causes stoted obove, (I) (swe) (did) (didbast) view the body ofter death. 22b. SIGNATURE -

Dr. Thomas C. Hill,

ATTENDING DEGREE PHYS 22a. ADDRESS

DIRECTOR

STAFF PHYS

22c DATE SIGNED November

/1968

230. BURIAL, CREMATION REMOVAL (Specify)
Burial

PHYSICIAN S

NAME (Type)

23b. DATE

1968

23c. NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park

S. Salisbury Blvd., Salisbury, Maryland

23d. LOCATION (City or Town)

(County)

24. FUNERAL DIRECTOR

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

1968

250 REC'D BY REGISTRAR

Salisbury, Wicomico, Maryland
REGISTRAR 256 REGISTRAR'S SIGNATURE



irthent of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 1 | 1663 | | MEDICA | L EXAMIN | IER'S | CERTIFICA | TE OF D | EATH | | | 1 () |) () z | |
|-------------------|---|--|---|---|--|---------------------|---------------------------------------|--|---|-----------------------------------|--------------------|--------------------|-----------------------|
| | (EASED NAME /pe or Print) | CLINTO | N A | Middle LFRED | | HARMO | | | 20 DATE KNOWN OF ESTI- DEATH MATED | 77 | Day L-17. | Year -68 | 2b. HOUR 3:15 M |
| | Male | AA | S DATE OF BIRTH | 1 | AGE (n years lost birthday) 27 yr | MONTHS C | AYS HOURS | | 2c DATE PRONOUN Manth 11 | CED DEAD Day | 17 Yea | r ₁₉ 68 | 2d HOUR 3:15M |
| tauntr 10. CIT | | DEATH / Sbury | give stree | of Hospital of addreplen | wi R INSTITUTION LINSU | la Gen | DIVORCED [spital 12a eral duri | USUAL OC | NTY OF DEATH Wicomic CUPATION (Kind of f working life, even | wark dane if retired) | 12b Kin Industr | D OF BUSI | Mc NESS OR sta. |
| adr | missian) STATE | | 3P COUNTA M? | comic | Sa: | lisbur | | NO 🖄 | 13e STREET AND N | ey Ro | oad | | |
| | THER'S NAME | Clintas | Myddle | Harma | -4-0 | A | MAIDEN NAM | le birst | (| And a | nle | Lost | |
| | IAS DECEASED EV is, ng. ar unknaw | ER IN U.S. ARMED FOR (1 yes give were | | SOCIAL SECURIT | Y NO. | 17 INFORMANT | hirtu | 1 31 | 2 know | feld | 为为 | PPROXIMAN | 2nd |
| | PART I Di | ny, which gave) ate cause (a), (| CAUSE (a) F DUE TO, OR AS | for (a), (b), and Practul A CONSEQUENCE | or of | f cerv | ical | spin | е | | BET | ween onset | ANO CEATH |
| | PART 2 OTHER S | IGNIFICANT CONDITIO | | TO DEATH BUT I | | | NAL DISEASE OF | R (ONDITIO | IN GIVEN IN PART 1(| a) | [20 | AUTOPSY | 2 |
| RIFICA | | | | WAS PERFORM | ED? | | | | | | | YES 🗌 | № ДС |
| DCAL | 21g EXTERNAL C PRIMARY OF CAUSE OF DEATH 21g INJURY OCC WHILE AT WORK A | CONTRIBUTING 3 | O5 PM E OF INJURY (At h., office building, e | 11-17 | Year 1168 | 21f EOCATION S | treet or R F.D. I | Na | re of in Jry in Port involve City or Town alisbur | | Caunt | ¥ | State |
| | death res | certify that I taak | charge of the Natural causes Royer, | Accid | lent 🗶 | ve, held an Suicide | Autopsy | , ins ide , AL EXAMINE EDICAL EXA ICAL EXAMI | pect an X, Undetermine ER MINER NER X | Inquiry (2 d manner 22b DAT | X), ai | nd in my | y apinian |
| 23a | BURIAL (REMAT REMBURI (Specification) | | | 23c NAME | OF CEMETER | RY OR CREMATO | RY | | LOCATION (City or Durante | | (County) | (St | ale) |
| 24. F | JNERAL DIRECTO | R Funeral | | AD | DRESS | | 2Sq PE | OV Z | | REGISTRAR | | | Antis |

VR A15ME (5)

O DEPUTY DICAL EXAMINER: This certificate shauld be executed within 24 haurs effer death the delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pendinal Examiner's Office along with farm PM3. Page

TO DEPUTY

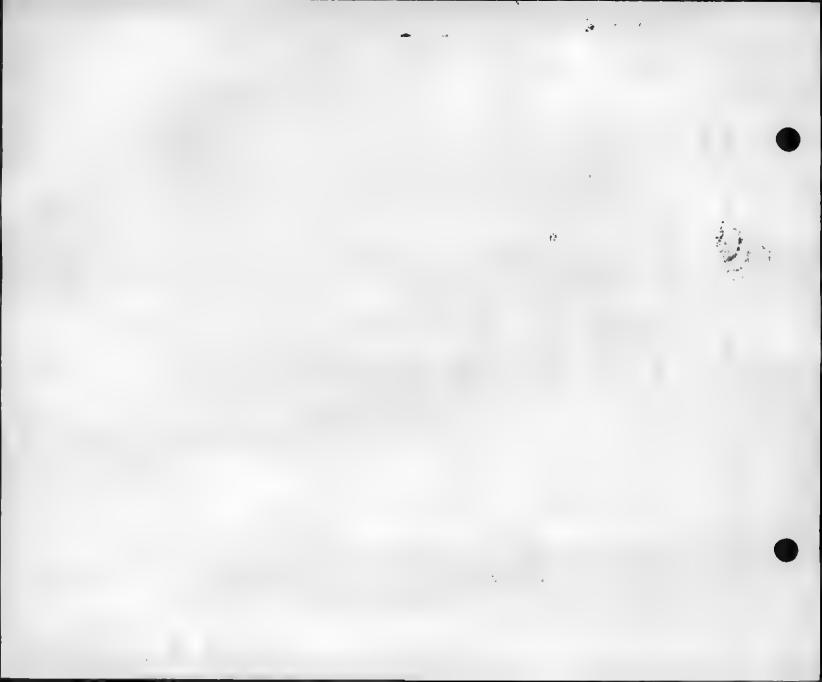
5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the Stafe Deserved prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH executed within 24 haurs after death death (Type or print) OVEMBER 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS. lost-bifthdoy) 1894 October 5, 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) Wicomico USA Maryland WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Peninsula General Hosp. during most of weeking life even if retired.) Company Salisbury 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER Maryland 13b COUNTY Wicomico Salisbury R.D.6, Harford Road 14. FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost physician and Last Hastings Wilson PHYSICIAN: The law requires that the death certificate be Katie John Address Harford Road 17. INFORMANT (WIFE) R.D.O 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes po ar unknown) Agnes G. Hastings, Salisbury, Maryland burial, crematian, ar remaval O FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 shauld be detached far use as the burial-transit permit. Then APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ! rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(o) far use as the f Health priar to b 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 1968 to /0 and that in (my (dur) ppinian death accurred an the date and haur and fram the Page 4 may be retained causes stated abave, (1) (we) (did) (bid not) view the bady after death. 22b, SIGNATUR 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. DEGREE , page be filed PHYSICIAN S 22e, ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 14,1968 Parsons Cemetery Salisbury, Wicomico, Maryland 24. FUNERAL DIRECTOR 2Sa. REC D BY REGISTRAR 25b REGISTRAR S SEGNATURE VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 1968 30M REV. 1/68





16640

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove-criban papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be ex

Poge 4 moy be retained by the hospitol or attending physicion.

vithin 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

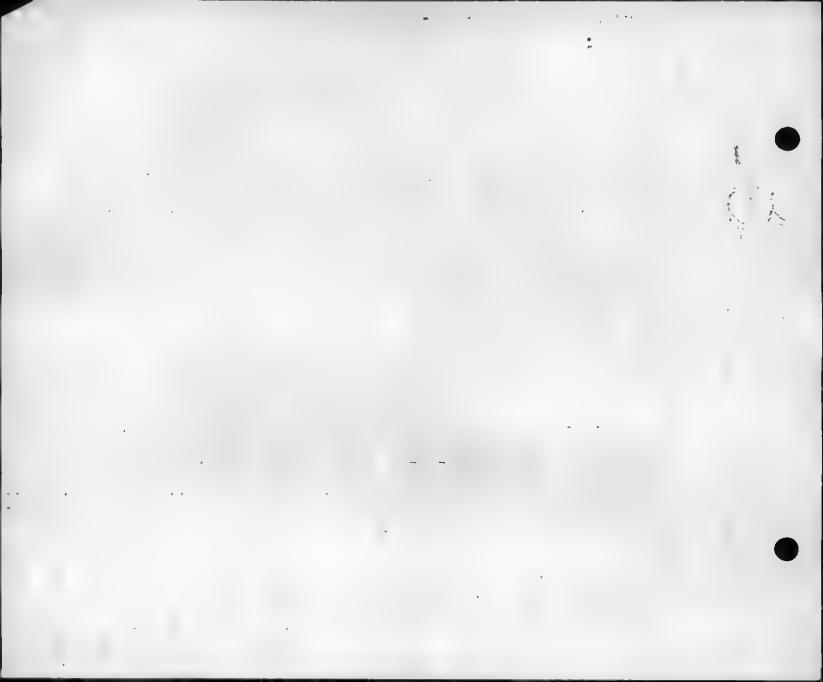
10654

| 1 DECEASED-NAME (Type ar print) | ANDY | M.ddle | HAYWARD | 2g DATE OF | Month Day | 1968 3:05 |
|---|---|--|---|--|--|--|
| 3. SEX Female | 4 RACE | ored | S. DATE OF BIRTH | 1000 | 6. AGE (In years last birthday) | IF UNDER 1 YEAR IF UNDER 24 MONTHS OAYS NOURS |
| To BIRTHPLACE (State of | r foreign 7b (ITIZEN 0 | F WHAT COUNTRY? | 8. MARRIED NEVER MARRIED DIVORCED | _ | | |
| 10 CITY OR JOWN OF D | | 11 NAME OF HOSPITAL OR INS | TITUTION (finot in haspital 12- | a USUAL OCCUPATION | (Kind of work dane life, even if retired) | 126 KIND OF BUS NESS OF INDUSTRY |
| 130 USUAL RESIDENCE admission) STATE | Where deceased lived, fin- | stitution kesidence before | Snow Hill YES | NO TOTAL | REET AND NUMBER | Domestic |
| 14 FATHER'S NAME | First Midd | lle Lost | IS MOTHER'S MAIDEN I | NAME First | Middle C | Last |
| 160 WAS DECEASED EV Yes, na or onknown | R IN U.S. ARMED FORCES? (If yes give war or dates at service | 16b SOC AL SECUR IY A | 17 INFORMANT | Mary | Address | Cahuser |
| 1B CAUSE OF DE PART I. DEAT | ATM (Enter only one cause p I WAS CAUSED BY. IMMEDIATE CAUSE (a) | er line for (a), (b) and (c)) | ry emboli | Mayusec | SHEW! | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| Conditions, if any rise to immediat stating the under last. | which gave a cause (a). (b). DUE TO, (c). (c). | OR AS A CONSEQUENCE OF | is - pelvic vei | | | |
| 2 . | entricant conditions control to | | of RELATED TO THE TERMINAL DISEA | SE OR CONDITION GIVEN | IN PART 1(o) | |
| 190 DATE OF OPER. | | WHICH OPERATION WAS PER | PFORMED 200 AUTOPSY? | | YES, WERE FINDINGS CO OF DEATH? | ONSIDERED IN CERTIFYING |
| 21a ACCIDENT W. 3 OR CONTRIBUTING (If either, natify in | CAUSE OF CEATH HOUR A | NE OF N.JRY LM. Month Day Yeor LM. 19 | 21c HOW INJURY OCCURRED | (Enter nature of injur | y in Part 1 or Part 2, I | tem 1B.) |
| While Nat wh | RRED 21e PLACE OF INJU | COPPLE BOILDING, EIC | (ORY) 21f OCATION Street or R. | · | or Town | County Stat |
| 220. I certify saw the couses st | hat (X (this haspital) leceased alive on NO ited allove, X (we) (c | ottended the decease vember 7 19 lid) (30 KM) view the b | d from October 23 9 68, and that in (***) (ou bady after death. | , 19 <u>68</u> , ta No ir) apinion death o | vember / 19 eccurred on the da | 68 , that 4) (we) te and hour and from |
| 22b SIGNATURE | Mua | alle. | DEGREE PHYS. | MED DIRECTOR | | 1/7/68 |
| 22d PHYSICIAN S NAME (Type) | L. V. Mal | dve, M. D. | 22e ADDRESS Deer's | Head State | Hospital, | Maryland Salisbury, |
| 23a BUR AL CREMATIO REMOVAL (Specify) | 1, 23b DATE NOV. 9. 19 | | emetery en emembers | 1 | N (City or Tawn) | (Caunty) (State) |
| 24 FUNERAL DIRECTOR | 4 | ADDRESS | 25o. F | REC'D BY REGISTRAR | 25b REG STRAR S | SIGNATURE |

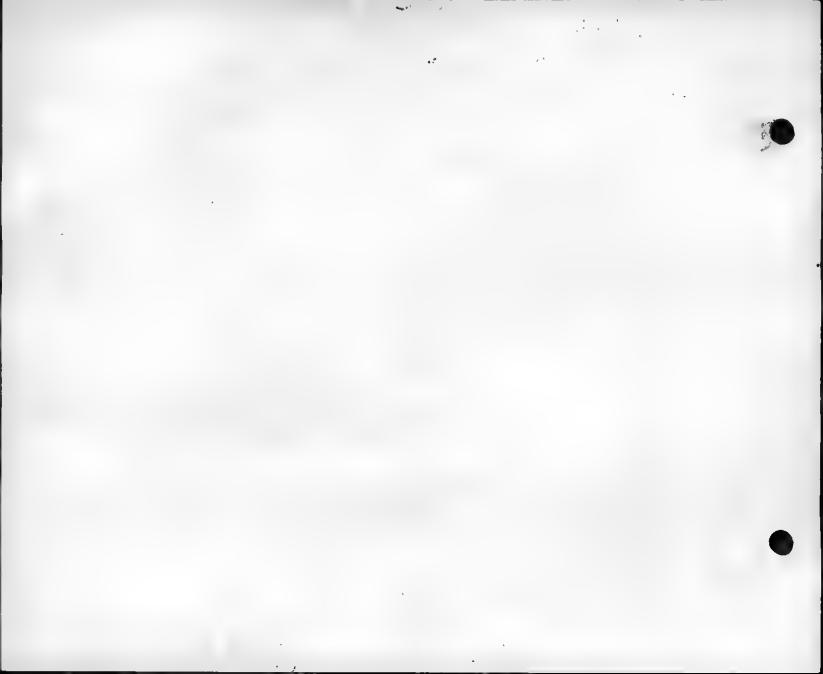


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1077 1/6/69 kk CERTIFICATE OF DEATH DECEASED NAME Middle funeral \$ 1 and 2 fer death. 20 DATE OF DEATH 25 HOUR be executed with n 24 hours after deoth (Type or print) 3 SEX 4. RACE DATE OF BIRTH 6 AGE (n years IF LINDER YEAR IF UNDER 24 HRS physicion and completely filled in by the length place remave carbon papers Pages last birthday) YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) WIDOWED [DIVORCED Wicomico 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Hospital Hospital give street address) IND..STRY Salisbury Peninsula General 3a USUAL RESIDENCE (Where, deceased lived, if institution. Residence, before CITY OR TOWN 13d INSIDE CITY L.M. TS? AND NUMBER admission) STATE 1/36 COUNTY 14 FATHER'S MAME First Middle 15 MOTHER S. MAIDEN NAME First Last 16a WAS DECEASED EVER IN U.S. ARMED FORCES? MINORMANT Yes, in a unknown) cremation, or removal, 18. CAUSE OF DEATH (Enter only one cause per line fac.(a), (b) and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. permit. low requires that the death IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-tronsit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to b Page 4 may be retained by the hospital or aftending O FUNERAL DIRECTOR: After this certificate has been vetard 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY2 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Heolth YES NO EL 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ifem 18) <u>F</u> OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year of P.M be detached (If either, notify medical examiner) director, page 3 should be detache should be filed with the State Dept 238 PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 216 LOCATION Street or R.F.D. No. 21d. NJURY OCCURRED City or Town County State While Nat wh.le OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased framsow the deceased of ve on. 11/22 1962, and that in (my) (our) opinion death octurred on the date and hour and from the causes stated above, (1) (we) (d d) (d d nat) view the body after death 22b. SIGNATURE 22 DATE SIGNED 22d PHYSICIAN S NAME (Type) 23b DATE UR AL, CREMATION, CEMETERY OR CREMATORY ADDATION (City or Town County)





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16643 Middle 2a. DATE OF DEATH 1. DECEASED-NAME 2b. HOUR death. (Type or pnnt) 10 November FRANCIS WILLIAM 4. RACE S. DATE OF BIRTH IF UNDER IT YEAR IF UNIOER 24 HRS 3. SEX 6. AGE (in years last birthday) 6 7 YRS. White May 16, 1901 Male 9. COUNTY OF DEATH 7o, BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED country New York **USA** Wicomico DIVORCED [WIDOWED [poper wathin / 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Peninsula give street address during most of working life, even if retired) INDUSTRY carbon Salisbury and completely General Hospital Engineer (Boiler) requires that the death certificate be executed with event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE Maryland 136 COUNTY Wicomico YES [] Salisbury R.D.1. Upper Ferry Road remove Middle 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Edward Hiebendah1 Alige R.D. JAddress Upper Ferry Road 16n. WAS DECEASED EVER IN U.S. ARMED EORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (Wife) d by the ottending physici I-transit permit. Then plei I, cremation, or removal, a Yes no or unknown) (If yes give war or dates of service) 081-07-5864-A Mrs. Marie Hiebendahl, Salisbury, Maryland 18. CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave) signed by the burial-tronsit use to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 416 x the has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [FUNERAL DIRECTOR: After this certificote 210, ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 183) 215 TIME OF INJURY ŏ OR CONTRIBUTING [77] CAUSE OF CEATH HOUR A.M. Month Day Year etached f Dept. of I (If either, not fy medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that (1) (this-hospital) attended the deceased from Cot 16, 1968, ta Nov _19 (55, and that in (my) (apinian death accurred an the date and have and fram the saw the deceased give ancauses stated above. (1) (we) (did) (did-w) view the bady after death 22c. DATE SIGNED 22b SIGNATURE ATTENDING DEGREE filed) DIRECTOR director, page should be filed PHYS 22d. PHYS-CIAN S 22e ADDRESS NAME (Type) Pine Thomas C. Hill 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE (County) (Stote) Salisbury, Wicomico, Maryland Wicomico Memorial Park Nov. 7,1968 25a RECD BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR COMPANY, SALISBURY, MARYLAND 30M REV 1/68



TO NOIPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

TO INNERAL DIRECTOR: After this certificate has been signed by the attending physical

king and campletely filled in by the uneral

DIVICION OF VITAL DECORDS

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|------------|---------------|--|-----------------------|-----------------------------------|-------------------------------|---|--------------------|--------------------------------|--------------------|---|--|------------------|----------|------------------------------|
| | | CEASED-NAME | First , | | | Middle | | Lost | | 2a DATE OF | | | | 2b. HOUR |
| | 1) | ype ar print) | JAME | S | | AR THUR | | INSLEY | · | Nove | ember 2 | 1 Day | 1968 | 6 P |
| | 3. SE | Х | | 4. RACE | | | | S. DATE OF | | | 6. AGE (In years last_birthday) | IF UNDI | IR YEAR | IF UNDER 24 HRS HOURS MIN |
| | | Male | | | Whit | е | | Septe | mber 6, | 1889 | | YRS. | (Mr) | HOURS mile |
| | 7o. 8 | SIRTHPLACE (State or | oreign | 76. CITIZEN | OF WHAT O | OUNTRY? | 8. MARRI | ED 🔁 NEVER M | ARRIED | 9. COUNTY OF | | | | |
| | tanı | Mary land | | USA | | | WIDOW | ED DIV | ORCED | WICO | MICO | | | Me |
| | 10. (| Salisbur | IĦ | | 11. NAME Congress street Peni | oddress) | stitution enera | (If not in hospital 1 Hospi | tal during my | | (Kind of wark d life, even if retire N | | KIND OF | BUSINESS OR |
| <i>,</i> , | 13o | USJAL RESIDENCE (W | | ed lived, if it | stitution [| esidence hefore | 13c, CITY | OR TOWN | 13d INSIDE CITY LE | M TSP 13e ST | REET AND NUMBE | R | | |
| il | | Mar | y land | 130. 600 | "Wic | omico | Sal | isbury | YES NO | _ 1 20 | 3 E. Loc | | treet | t |
| 4 | 14, 1 | ATHER'S NAME | irst | Mid | | lost | | 15 MOTHERS | MAIDEN NAME F | | Midd | | 111 | Lost |
| | | | nuel | Hi: | | Insley | | | Alexi | ne | | | ollir | |
| | 160. Y | WAS DECEASED EVER es, na, ar unknawn) NO | | ED FORCES? or or dates of serv | 1 | SOCIAL SECURITY | | 7. INFORMANT | | · 1 | | _ | | ocust S |
| | | | | | | 7-01-45 ¹ | | Mrs. Sa | die M. | Insley | , Salisb | ury, r | | land |
| | | 18. CAUSE OF DEAT PART 1. DEATH | H (Enter and | y ane cause | per line for | (o), (b), and (c) | 1 / | 57 | head | | | - | | SET AND GEATH |
| | ' | TRK) I. DEATH | | TE CAUSE (a) | ren | aucu | 10 | U BULGU | wage | | | | LCEC | 23 |
| | | 431,9 | 121 | DUE TO | OR AS A | CONSEQUENCE OF | | | | | | | | |
| | | Canditians, if any, v | | (b) |) | | | | | | | | | |
| | | stoting the underly | | DUE TO | , OR AS A | CONSEQUENCE OF | | | | | | | | |
| | | last, | , | ((|] | 7.0. A.C. 1.1. A.C. 1.1. | OT De 470 | | | 010000000000000000000000000000000000000 | | | | |
| | | PART 2. OTHER SIGN | A | DATONS CON | IKIBUTING | TO DEATH BUT N | 77 | - 4 | VAL MISEASE UKT | UNUITION GIVE | N IN PAKI I(0) | | | |
| | NO | 19a, DAJE/OF OPERAT | CL RC | CONDITION | E A | PERATION WAS PE | CLL | 20g. AU | CCCO J | 201 11 | YES, WERE FINDIN | NCC CONCIDE | DED IN C | r D T I T V I N C |
| / | CERTIFICATION | 0 | | | JK WHICH O | PEKATIUN WAS PE | | YES [| NO | CAUSE | S OF DEATH? | | | KIIFTING |
| | | 21g, ACCIDENT WAS | | | ME OF INJU | IRY onth Day Year | | . HOW INJURY C | CCURRED (Enter | noture of inju | ry in Port 1 or Pa | rt 2, Item 18 | 1.) | |
| | MEDICAL | (If either, natify me | dical examin | er) | P.M. | 1 | 9 | | | | | | | |
| | ** | 21d. INJURY OCCURI While \to Not while | ED 21e | PLACE OF IN | IURY (AT H | OME, FARM, STREET FA E BUILDING ETC. | (TORY,) 21 | f. LOCATION Sh | reet or R.F.D. Na | City | or Town | Cour | rty | State |
| | | at work at work | <u> </u> | | | | | A. | | | 4/ | | | |
| | | 22a. I certify the saw_the_de | at (1) (thi | s haspital |) attende | do deceas | ed from | 7/6 | , 19 <u>.</u> | <u>- 8</u> , to_e | 7/ V/ | , 19 <u>62 7</u> | _, that | (I) (we) la: |
| | | saw the de | ceasea ai ed abave | tve an (I) (we) (| did) (did | not) view the | bady afi | er death. | my) (aur) api | nion death | accorred ou in | e date an | a naur i | ana Iram In |
| | | 226 SIGNATURE | /// | 4. / | | | | | | | | 22c. DATE SI | GNED | |
| | | X/211/11 | 1 | 14.5 | 4 | / | | EGREE PHYS | DING 😝 M | IED IRECTOR | STAFF PHYS. | Novem | her 🕶 | 2-24-968 |
| | 1 | 220 PHYSICIAN S | A (| | / | | | 22e. A | DDRESS | | | 110 / С.111 | | |
| | | NAME (Type) | r. E. | M. Be | ards 1 | ey | | 211 | Mary1a | nd Ave | ., Şalis | bury, | Mar | yland_ |
| | 230 | BURIAL, CREMATION, | 23b. D | STA | | 23c. NAME OF | CEMETERY | OR CREMATORY | | 23d LOCATI | DN (City or Town) | (Cou | nty) | (Stote) |
| | | REMOVAL (Specify) Rurial | Nov | . 23, | 1968 | | | emorial | Park | Salis | bury, Wic | omico | ,Mar | yland |
| | 24. | FUNERAL DIRECTOR | | | | ADDRESS | | | 2Sa. RECD B | Y REGISTRAR | 25b. REGIST | RAR S SIGNAT | JRE | 100 |
| 1 | | HOLLOWA | / & CC |)MPAN Y | , SAL | .ISBURY, | MAR | YLAND | DATE IN U | 1 ~ U | 100 | - The Table | D Your | 7 |



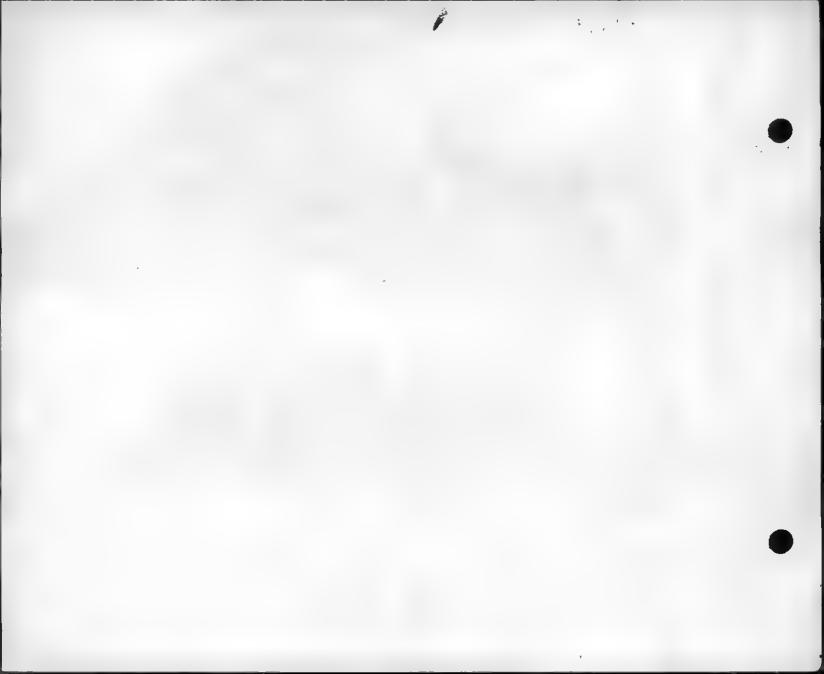


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16646 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME Lost 2b. HOUR scuted within 24 haurs after deoth. (Type or print) Manth Lawrence VOUEMBER ve corbon popers. Poges 1 event, within 72 hours after 4 RACE 3. SEX S. DATE OF BIRTH 6 AGE (In years IE UNOER I YEAR completely filled in by the lave corbon popers. Poges last birthdoy) Colored II/I3/68 7o BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED TO Maryland. WIDOWED [DIVORCED [Wicomico 1). NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)

Peninsula during most of working life, even if retired.)

General Hospital None 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY Salisbury None 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before / 13c CITY OR TOWN 13d INSIDE CITY L.MITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY Somerset Manokin YES 🗔 NO [Box 52 as been signed by the attending physicion ond to as the buriol-transit permit. Then please rema prior to burial, cremation, or removol, ond in any IS, MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last requires that the death certificater to the text of t Alfreta Johnson Maddox Laurance 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) 1 (It was give war or dates of service) Alfreta Johnson, Manokin, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONITY AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 10 FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS ARFORMED 200 AUTOPSY? 190 DATE OF OPERATION CAUSES OF DEATH? YES 🔲 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORS.) 21f LOCATION Street or R.F.D. No. City or Town County State While All Mat while at work 22a. I certify that (I) (this hospital) attended the deceased from 1118, and that in (my) (aur) apinion death occurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR director, page should be file 22d. PHYSICIAN'S 22e. ADDRES NAME (Type) 23b DATE 23L NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (Caunty) Burial Specify) Samuel Wesley
ADDRESS Manokin, Maryland 24. FUNERAL DIRECTOR 2So. RECID BY REGISTRAR William H. James Jr Princess Anne . Md DATE

From birth cert.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10661

16647

ertificate be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers—Pages 1 fain should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dea

CERTIFICATE OF DEATH

| L | , | | | |
|---------------|--|-------------------------------|--|----------|
| I. | PŁACE OF DEATH o. COUNTY | | 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission of STATES). | n) |
| | W. Com. Co | MARYLAND | MARCHAND WICOM, CC | -) |
| | b. CITY OR TOWN (If autside corporate limits, write RURAL and give pearest tawn) | c LENGTH OF STAY IN 16 | c CITY OR TOWN (If Jutside corporate limits, write RURAL and give nearest town) | |
| L | +- RUITIAND | All Life | truitland | |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, o | give street oddress) | d STREET ADDRESS e 15 RESIDI | |
| | | | | ЙО 🗌 |
| ∠ 3 | NAME OF FIRST | Middle | Lost 4. DATE Month Doy Year | . 4 |
| - | (Type or print) /// //////////////////////////////// | ZABEIN JOH | OF DEATH VOYCLUBER 30 196 3. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF LINDER | |
| 13. | SEX 6. COLOR OR RACE 7 MARRIED | | lost birthday) Months Doys Hours | Min |
| 10 | | IND OF BUSINESS OR | 11, BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT | |
| | uring most of working life, even if retired) AN | DUSTRY | FRUITIANO COUNTRY? S.A. | |
| | 3 FATHER'S NAME | ADORER | 14. MOTHER'S MAIDEN NAME | |
| | UNKNOWN | | MARU ShockIPU | |
| 1 | S WAS DECEASED EVER IN ILS ARMED FORCES? 16 | SOCIAL SECURITY NO 17 II | NFORMANT Address | |
| 10 | Yes, no, or unknown) (If yes give wor or dates of service) | 20-10-8284 K | OCERUONNSON SPUTTAND P.C. MC | d |
| | IB. CAUSE OF DEATH (Enter only one couse per line for | (ta), (b), and (c) | NTERVAL BEAVE | |
| | PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) | arefro 1/4 | muddledent 3de | 49. |
| | DUE TO | 1/ 1/2/2 | 101 | 1 |
| | Conditions, if ony, which gove) (b) | up frons | in 1907 | |
| | stoting the underlying couse | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1 | TO DEATH BUT NOT PELATED TO T | HE TERMINAL DISEASE CONDUTION GIVEN IN PART 1(a) 19 WAS AUTO | PSY |
| I S | 3 3 1 5 | O DEATH BUT NOT KEEKED TO TO | PERFORME | D? |
| CERTIFICATION | 20o. ACCIDENT WAS UNDERLYING 20b DE | SCRIBE HOW INJURY OCCURRED. (| Enter nature of injury in Part I or Part I, of item 18.) | 10 [] |
| 199 | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | |
| 9 | 20s TIME OF INITIRY Month Doy Year 20d II | | | Stote) |
| MED | Hour om. Whee of worl | | pry, street, office bldg , etc.) | |
| | 21. I certify that (I) (this hopped) attended | ded the deceased from | | ve) last |
| | saw the deceased alive on South | 19.67, ond that | deoth occurred at, from couses and on the date stoted | obove. |
| | 220 SIGNATURE | | ATTENDING MED STAFF 226 DATE SIGNED | |
| | 22c PHYSICIAN'S | M.D | PHYS DIRECTOR PHYS DIRECTOR PHYS | |
| | NAME (Type) | rell MT | . 652 When Seletars, n | W. |
| 2 | 30 BUR AL, CREMATION, 236 DATE THEREOF | 23c NAME OF CEMETERY OR C | CREMATORY 23d. LOCATION (City or Town) (County) (St | late) |
| | REMOVAL (Specify) 12-7-68 | Mt. Calvap | el Frutland Wan No | 1. |
| - | 24. FUNERAL DIRECTOR | ADDRESS pts 2 | 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE | |
| | Loretter G. Jalley Jan | listing, ma | DATEDEC 1 2 1968 Clearles Judge | L |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 391 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| | TCORO | | (| ERTIF | ICATE OF | DEATH | | | | |
|---------------|---|---|---|--------------|-------------------|------------------------|-------------------------------------|---------------------------------------|--------------------------------|---------------------------|
| | | First | Middle | | last | 2 | TO DATE OF DEATH | | | 2b. HOUR |
| Į, | Type or print) BE | RTHA | BLANCHE | | KELLEY | , | Novemb | er 21 ay | 1 968 | M |
| 3. 51 | EX | 4. RACE | | | S. DATE OF B | IRTH | 6. AGE (| n years | 1F UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS HOURS MIN |
| | Female | WI | hite | | June 2 | 0,1878 | last bir | Triady) YRS | MONTHS UATS | HOURS MIN |
| | BIRTHPLACE (State or fareign ntry) | 7b CITIZEN O | F WHAT COUNTRY? | 8 MARRIE | D NEVER MA | RRIED 9 C | OUNTY OF DEATH | | | |
| tuu | Maryland_ | USA | | WIDOWE | | RCED | WICOMICO | | | Md. |
| 10 | CITY OR TOWN OF DEATH | | NAME OF HOSPITAL OR INS | | f nat in haspital | | CCUPATION (Kind of | | 12b KIND OF INDUSTRY | BUSINESS OR |
| | Salisbury | | give street address) 315 Park Ave | | | House | of working life, even WITE | i relifed j | | |
| | USUAL RESIDENCE (Where de | ceased lived, if ins | titutian: Residence befare : rv | | | 13d INSIDE CITY JM TS? | 1 100 311(821 71102 | | | |
| | <u>Maryla</u> | nd | Wicomico | Sali | sbury | YES NO | 315 Par | | ue | |
| 14. | FATHER'S NAME First | Middi | le rost | | IS. MOTHER'S M | AIDEN NAME First | 11. | Middle | | Last |
| | John | Т. | Pope . | 10 117 | | Trusci | | - | Puse | , |
| 160 | WAS DECEASED EVER IN U.S. Yes, no, or unknown) (If yes | . ARMED FORCES? give war or dates of service | 16b. SOCIAL SECURITY N | | INFORMANT (| | | _ | mberton | |
| | No | | " <u>217-54-537</u> | 3 N | 1r. Guy | C. Kelle | y, Salisb | ury, M | | KATE INVERVAL |
| | 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA | | er line far (a), (b), and (c).) | } | | | , , | , | BETWFFN O | NSET AND DEATH |
| | PART I. DEATH WAS CO | MEDIATE CAUSE (a) _ | Celoral | 10 | some | us an | ndul | | | Omin. |
| | 436,7 | | OR AS A CONSEQUENCE OF | | 2 . | | * | | | 2 |
| | Canditians, if any, which grained to immediate cause (| (b)_ | artern | DCK | eron | > | | | 10 | MV. |
| | stating the underlying ca | | OR AS A CONSEQUENCE OF | | | | | | | |
| | last. | (c)_ | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTE | RIBUTING TO DEATH BUT NO | DT RELATED | TO THE TERMINA | A DISEASE OR COND | DITION GIVEN IN PART | 1(a) | | |
| NO | 53/X | AND COMPUTATION FOR | A THURST A DOCK LYSIALI WILL BOTTO | | 00 4117 | 20040 | Ton it was turn | T PHIDINGS S | DUCIBLE OF CL | PTICHALO |
| CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FOR | WHICH OPERATION WAS PER | RFORMED | 2Da. AUT | | 20b. IF YES, WER CAUSES OF DEATH | | DNZIDEKED IN CE | RHEYING |
| ERTIF | 21a. ACCIDENT WAS UNDER | NIVINC Ton VIE | OF INDUST | 103 | A E2 | - | | 3 P P | 101 | |
| | TOR CONTRIBUTING CAUSE OF | F DEATH HOUR A | | Z1c. | HOW INJURY OF | LUKKED (Enter nat | ture of injusy in Part | I or Port 2, I | tem 18.) | |
| MEDICAL | (If either, natify medical ex | | P.M. 19 | | LOCATION C. | | <i>C</i> -1. T | | | C |
| _ | 21d. INJURY OCCURRED While Nat while | 216. PLACE OF INJU | RY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. | 10kr] 211. | LOCATION Stre | et or R.F.D. No. | City ar Tawn | | County | State |
| | lat work at work I | Water 1 | | 1 6 | - 1000 | 77 10 7 5 | in Illian | 7 / 10 | 18 16-16 | 700/ |
| | 22a. I certify that | Athis naspital) | affended the decease | ed frame | ind the in Kn | avillant aninia | n death accusted | an the do | te and hour | (II) (we) last |
| | causes stated at | ave, (1) (we) (0 | (did nat) view the | body afte | r death | To (abi) apinia | | dii iiie dd | ie dila iladi (| mum me |
| | 22b. SIGNATURE | 10) | | N | ATTEND | | | | DATE SIGNED | |
| | Maris (| 1/10% | mint | , DÉ | GREE PHYS. | DIRECT | TOR STAFF | □ No | vember, | 22/196 |
| 4 | PHYS CIAN S | Funnic I | Manhar | | 22e. AD | ORESS | Manuland | | | |
| | NAME (Type) Dr. | Frank L | . weaver | | 291 | isbury, | nar y rand | | | |
| 23a | | 23b DATE | 23c. NAME OF | | | | 3d. LOCATION (City as | | (Caunty) | (State) |
| | BEWON & Colecuta) | Nov. 24, | | s Cen | netery | | alisbury, | | | land |
| 24 | FUNERAL DIRECTOR HOLLOWAY & C | OMPANY | ADDRESS | ΙΔΡΥΙΔ | MD | 25a. REC'D BY RE | EGISTRAR 25b | REGISTRAR S | SIGNATURE | Las. |
| | HOFFOMUL & C | WHITHELD ! | OVETODOKI' I | N 21 Z T 🗁 🦰 | 1110 | DATE BUTTE | STEELS C | I Charles | 11 1 440 | 1000 |

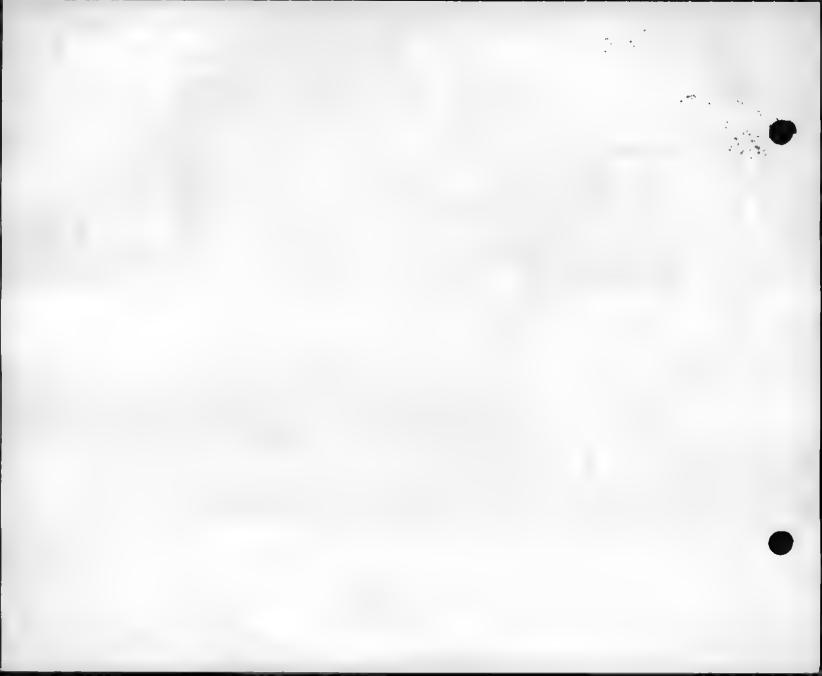
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the "acerally director, page 3 should be detached for use as the burial-transit permit. Then please remaye cirban papers. Pages Fondy should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. VR A15 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

intely filled in by the re





MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| by the operal Page 1 are 2 ours at enacth | I DECEASED (Type or 3 SEX |
|---|--|
| filled in b papers thin 72 ho | opphod. |
| y fills | 10 CITY OR |
| carban rent, wi | Sali 13a. USUAL odmission) |
| cdm nove ny ev | 4 FATHER S |
| on lin an | en CHIDEK S |
| scharrand please fen il, and in ar | 160. WAS DI Yes, no. o |
| hen | IB. CA |
| RECTOR: After this certificate has been signed by the attendin 3 shauld be detached far use as the burial-transit permit. I with the State Dept of Health priar to burial, cremation, ar re | Conditions to stating last. PART: P |
| FUNERAL DI irector, poge hauld be filed | 22d Pi |
| fo FUNE director shauld | 23a BURIAL REMOV Bur |
| | |

executed within 24 hours after duath.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificates

Page 4 may be retained by the haspital or attending physician.

| | 16650 | DIVISION OF | VITAL RECORDS, | | PRESTON ST | | IMORE, M | IARYLAND 2120 | n 1 હ | 35, |
|---------------|---|---|--|------------------|-----------------------------------|--------------------------------|------------------------------------|---------------------------------------|-----------------------------|--|
| (| ECEASED NAME First Type or print) ATINE | | Middle HEFORT | 1 | lost am 4 | | 2o. DATE | OF DEATH OUEmbe | Doy 37 | Yeor 68 4 5 |
| 3 S | emale | Wh/ | te | | June | 8 , 192 | 50 | 6 AGE (n years | MONTHS YRS | R 1 YEAR IF UNDER 24 HR DAYS HOURS MA |
| col | BIRTHPLACE (State or foreign Phode Island | 76 CITIZEN OF WE USA | HAT COUNTRY? | 8 MARRE WIDOW | ED NEVER MA | RRIED | 9 COUNTYWic | OF DEATH | | |
| S | CITY OR TOWN OF DEATH Salisbury | g ve s Pei | AME OF HOSPITAL OR INS street oddress) ninsula (| Gene | ral Ho | spita | L OCCUPATI ost of w inkt | M R ud af wark d | ed) 12b | K ND OF BUSINESS OR USTRY OWN hom |
| 13a. odn | USUAL RESIDENCE (Where deceosission) STATE Maryland | ed hved, if institut | ion Kes dence befare | 13c CITY | OR TOWN | 3d THISTOR CITY LE | M 15? .3e | 517 Druic | R | Ave. |
| .4 | FATHER'S NAME First Charles | Middle | Rochefort | | 15 MOTHERS M | a.den name f Maj | | M dd | Mac | ck Last |
| | WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown) { { f yes give v | MED FORCES? war or dates of service) | 036 09 55 | - | 7 INFORMANT Joseph | A. Lar | ny se | Addre | | APPROXIMATE INTERVA. |
| 2 | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) / 83 O Conditions, if any, which gove nee to immediate couse (o), stating the under ying couse last. PART 2 OTHER SIGNIFICANT CO. | D BY ATE CAUSE (o) DUE TO, OR A (b) DUE TO, OR A | AS A CONSEQUENCE OF | Cad | chezia lanial o | new | | VEN IN PART I(0) | initing | 24 hm. 4 weeks. |
| CERTIFICATION | 19a. DATE OF OPERATION 19b 21a ACCIDENT WAS UNDERLYIN | | ICH OPERATION WAS PER | | 20o. AUTO YES [V | Y NO 🗆 | CAU | IF YES, WERE FINDII ISES OF DEATH? | | |
| MEDICAL | OR CONTRIBUTING CAUSE OF DEAL | HOUR A.M. P.M. | Month Doy Yeor 19 (AT HOME FARM, STREET FACT OFFICE BUILDING, ETC. | | | | | njury in Port 1 or Pa ilty or Town | et 2, Item 18' | |
| | 22a I certify that (I) (the saw the deceased a causes stated above | live on 11/2 | 27/68-11 | 9 | and that in (m | , 19 <u>6</u> iy) (aur) api | 53°, ta_ nian deat | h accurred on th | , 19 <u>C</u> e date and | , that (I) (we) lo I have and fram th |
| | 22d PHYSICIAN S | ~ W. | Litt | D | FGREE ATTENDI PHYS. 22e ADD | DI DI | ED RECTOR | STAFF PHYS | 22c. DATE SIG | 8-68 |
| | | | | TH | | DEN' A | | SALISA | | md. |
| | | 0/3/1968 | | | or crematory a Cemete | | Ports | | ewport | R.I. |
| 24. | FUNERAL DIRECTOR Hill Funeral H | lome | Salisbu | ry,M | aryland | 250 RECD B | | | RARS SIGNATU | Quelac. |

VR A15 (4) 45M - 69



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16665 16651 CERTIFICATE OF DEATH DECEASED-NAME First Last 20. DATE OF DEATH 2b. HOUR executed within 24 hours after deoth Type or print) Month 4 RACE S DATE OF BIRTH 3. SEX 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. completely filled in by the last birthday) DAYS HOURS SEIST-16-70 BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED 9. COUNTY OF DEATH country) corban popers Wicomico DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)

Peninsula

General Hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) Salisbury HOUSEHOLD 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b COUNTY remove inony 14. FATHER'S NAME IS MOTHERS MAIDEN NAME First Middle Last Middle Sco77 AMES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Y (It yes give war or dates of service) LAWSON-Yes no or unknown) RISFIELD signed by the ottending page burial-transit permit. Then p burial, cremation, or removal, 4NKNOW. The law requires that the death certi 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove) nse ta immediate cause (o) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SUBMIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to hos been 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES [NO T this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, natify medical examiner) detoched 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME FARM, STREET FACTORY 1 21f LOCATION Street or R.F.D. No. State City or Tawn County While Not while at wark O FUNERAL DIRECTOR: After 220. I certify that (1) (this hospital) ottended the deceased from 1968, and that in (my) (our) opinion death accurred on the date and have and fram the be retained

sow the deceased of ve on couses stated above, (1) (we) (did) (did not) view the body ofter death 226 SIGNAPORE

FUNERAL DIRECTOR

Zd. PHYSICIAN'S NAME (Type) BURIAL, CREMAT ON

NAME OF CEMETERY OR CREMATORY SUNNYRIDGE

DIRECTOR

ATTENDING

22e. ADDRESS

PHYS.

DEGREE

23d LOCATION (City or Town) CHEWELL

PHYS.

(County) (State) SOM MD

25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

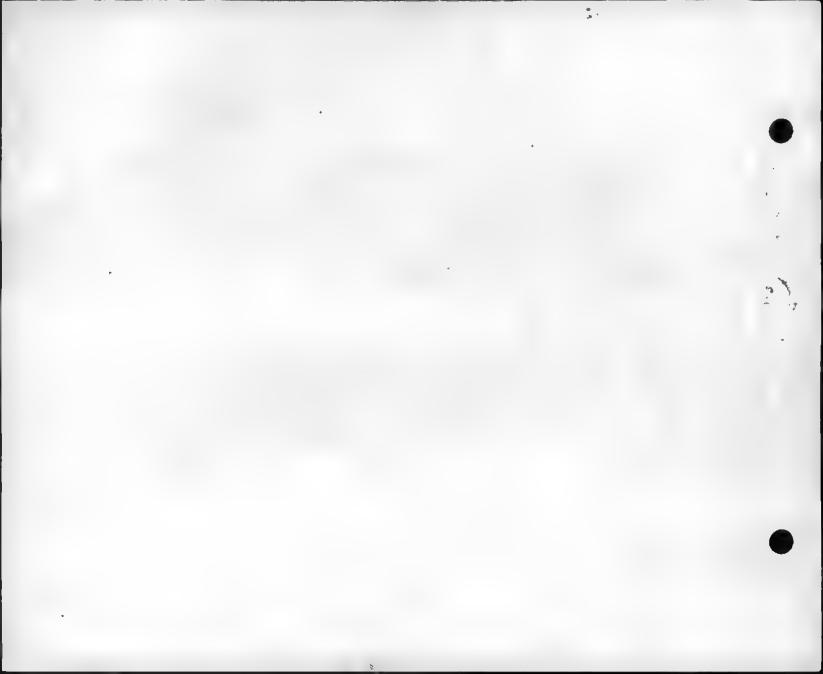
VR A15 (4) 30M REV 1/68

director, page 3 should be filed v

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| | | MARYLAND STATE DEPARTMENT OF HEALTH | |
|--|---------------|---|---|
| - \ 1 | | 16652 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | ŭ 6 6 o |
| 12/ | | Item#6, FilmG407 12/9/68 km CERTIFICATE OF DEATH | 3900 |
| E CYE | 1 D | DECEASED NAME First Middle Lost 20. DATE OF DEATH | Year 2b Hour |
| | | (Type or print) Ray LEUIS MOVEMBER 30 / | 908 8 A |
| 5 | 3. 5 | SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years I FUNDE | R I YEAR IF JINDER 24 HRS. |
| rrs off | 1 / | male Dec. 2, 1891 Months Months | DAYS HOURS MIN |
| in by Pears. Po | | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH | |
| d in Sers | CON | Willards, Ma. USA WIDOWED DIVORCED Wicomico | M |
| nod campletely filled in by the unerly remove carbon papers. Pages I. do non event, within 72 haurs differential | 10 | CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b | KIND OF BUSINESS OR USTRY |
| with with with | | | Own Far |
| plet carl ent, | 130 | USUAL RESIDENCE (Where deceased lived, if Institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER | |
| am scut | Juli | Martiana dicomico dillarda AA | |
| quires that the death certificate be executivation. signed by the attending physican and cobund-transit permit. Then please remoburiat, cremation, or remayal, and in ony | 14. | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle | Lost |
| die g | L | Myer Lewis Henretta Parker | |
| the death certificine be the attending physican sit permit. Then please matian, or remaval, and in | | a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, po, or unknown) ((If yes ave way or closes of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Address | |
| the shape of the state of the s | | Yes, no, or unknown) (thus are or delet of service) Per 1 220-34-7536 Agnes Lewis willards, Id. | |
| ma Line | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| earth andi | | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Was Caudlal predaut | Eda. |
| atte an, | | DUE TO, OR AS A CONSEQUENCE OF | |
| t the the nation | | Conditions, if any, which gave (b) (b) | |
| tha by fran cren | ш | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| ries /sici | | kas [†] (c) | |
| PHYSICIAN: The law requires that the death certific to hospital or attending physician. This certificate has been signed by the attending physitached for use as the berial-transit permit. Then posts of Health priar to burial, cremation, or remayal, | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| ATTENDING PHYSICIAN: The law retained by the hospital or attending ECTOR: After this certificate has been 3 should lie detached for use as the math the State Dept. of Health priar to | 8 | 4 3 . | P. A. CERTIFICATION |
| ttem of ttem o | 3 | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDER | ED IN CEKTIFTING |
| e he de la constant d | CERTIFICATION | YES NO 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 18 | 1 |
| IAN: ral ar ficate for us | | |) |
| YSICI nospit certif thed pt. of | MEDICAL | (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No City of Town Coun | tv State |
| s PHYSIC the hospi this certi detached e Dept. o | | 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No City or Town Countries at work at work | th 21016 |
| OR ATTENDING PHY be retained by the h DIRECTOR: After this ge 3 should Ille detoc | | 220 Leartify that (1) (this barnital) attended the decored from 1 1 10 00 to 11 2 30 196/2 | that ((1) Yuus) la |
| Affe Affe | | 220. I certify that (I) (this hospital) attended the deceased from 1 - 19 68, to 11 - 30, 1966 saw the deceased alive on 11 - 30 1966 and that in (my) (aur) apinion death occurred on the date and | hour and from th |
| ATTEN ATTEN CTOR: Should | | causes stated abave, (1) (we) (did) (did not) view the bady offer death. | |
| E SE SE | | 226 SIGNATURE 226. DATE SIGNATURE STAFF | SNED |
| DIR be | | Weller Of Teles Degree Phys L DTRECTOR L PHYS L 1 29 | 10 -68 |
| AL Pog | | 22d. PHYSICIAN'S NAME (Type) | |
| Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld lie detached for use as the burial-training be filled muth the State Dept. of Health prior to burial, are | | | |
| 子島西道器の | 230 | KEMUANI DOROUNT | nfy) (State) |
| 5-5 | 24 | FUNERAL DIRECTOR 2 1 12/3/68 New Hope 250 REC'D BY REGISTRAR'S SIGNAT | LIRE |
| VR ATTEN | 15 | Teter Whaley Sellywelle Bel, DATE PEC 5 1968 201 | W/16 |
| 7 | 1 / | I MALE MALE MALE MALE MALE MALE MALE MALE | ^ |



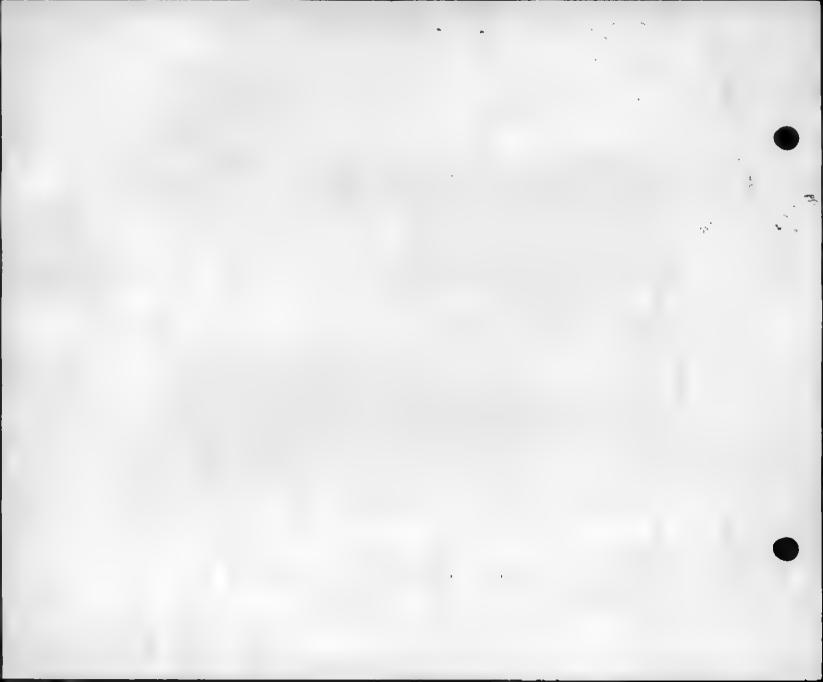
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16727

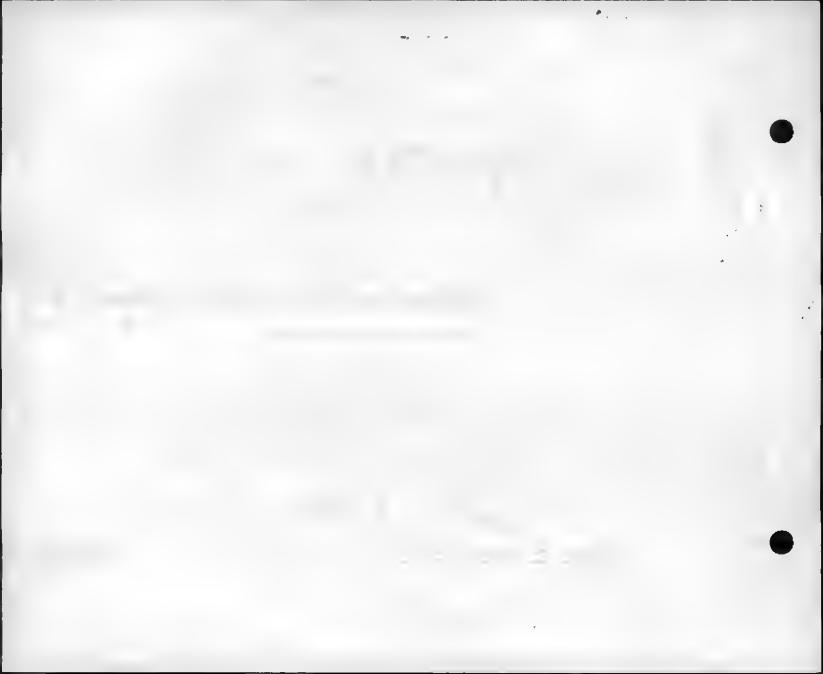
| | | ype ar Print) | R O Y | | JAMES | | LELITO | CD. | | OF ESTI- | = 11/1 | Doy Yeo | 968 M |
|----|---------------|---|---------------------------------------|--|--------------------|---------------|--------------------------------|------------------------------|-------------|-------------------------------------|-------------------|------------------|--------------------------------|
| | 2 (6 | v | | C DATE OF BIOT | | AGE (n years | LEWIS, | OK . | 2914 160 | DEATH MATER | <u> </u> | 2 19 | |
| | 3 SE | Male | 4 RACE White | S DATE OF BIRT | | Just 5 horrs | MONTHS DAYS | HOURS | Mile | 2c DATE PRONOL Manth Novembe | Doy | Yeor 196 | 2d HOUR |
| | | SIRTHPLACE (Store | | 76 CITIZEN OF WHA | T COUNTRY? | 8. M. | ARRIED NEVER N | ARRIED 🔲 | 9. COUN | CTY OF DEATH | | ii ii | |
| | | ^{lry)} Maryla | | US A | | | <u> </u> | ORCED 🔲 | | WICOMIC | | | Md. |
| | 10. C | Salist | | | ME OF HOSPITAL O | | N (If nat in hospite Street | | | UPATION (Kind of working life, even | | INDUSTRY Scal | |
| , | 13a ac | uSUAL RES DENG Imiss on) STATE | (E (Where deceos | ed lived, if instituted 13b COUNTY Wil | ion Residence be | | isbury | YES X N | | 810 S. | | n Stree | et |
| 2 | 14. F. | ATHER S NAME | First | Middle | L | ost te | IS. MOTHER'S M | AIDEN NAME | Frst | | Middle | | Last |
| 1 | | | Martin | | Lewis | | | Car | rrie | | | Nib | lett |
| | | | ER IN U.S. ARMED F | | 16b SOCIAL SECURI | TY NO | 17. INFORMANT (| life) | | At | DDRESS 810 | S. Div | vision St |
| | (1 | es, no, ar unknow NO | (II) (II yes give i | war ar dates all service) | 220-01-9 | 519 | Mrs. Nel | lie F. | Lev | vis, Sal | isbury, | , Mary | land |
| | | | EATH WAS CAUSED | | e for (of (b), ond | (c).) | ~ 00 | l | ~~ | | | BPWEEN | OMATE INTERVA. OMSET AND DEATH |
| | | 4100 | 7 IMPEUIA | TE CAUSE (a) Due to, or A | AS A CONSEQUENCE | OF | 7 | | ···· | | | | |
| | | | ny, which gave | (h) | | | 9 | | | | | | |
| | | | iate cause (a), { derlying cause (| DUE TO, OR | AS A CONSEQUENC | E OF | | | | | | | |
| | | last |) | (c) | | | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | | | | | | | | | | | |
| _ | CERTIFICATION | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION | | | | | | | 20 AUT | TOPSY? | | | |
| 1 | IFIC | | | | WAS PERFORM | MED? | | | | | | YES | □ NO 🔀 |
| `. | | | R CONTRIBUTING [| HOUR A.M | | Year | 21c. HOW INJURY | OCCURRED (En | iter nature | af injury in Par | 1 I ar Part 2, It | em 18) | |
| | MEDICAL | 21d INJURY OCC | | PLACE OF INJURY (AI | l- | `` | 21f. LOCATION Street | et or R F D. No. | | (†y ar Tawr | 1 | County | State |
| | | AT WORK A | OT WHILE GOO | tary, office building | , etc) | | | | | | | | |
| | | | | ook charge of th | | | | | | pection X, | Inquiry X | , ond it | n my opinion |
| | | deom re | sulted from | Noturol couse | Acci | dent, | Suicide, | Homicid | | _ | ied monner | | |
| | | ACTUAL | 12. | 1 - 1 | ^ \ | | | HEF MEDICAL SSISTANT MEDI | | | 22b, DATE | SIGNED | |
| | | SIGNATURE | Farl L. | Royer, | 4. DX | | - 111 D | PUTY MEDICA | | | | A. | 4/1968 |
| 1 | | NAME (Type) | 409 Cam | den Ave. | , Salisb | ury, N | 1d. Ā | | | rn, or county) | | _ | |
| | 23a | BUR AL, CREMAT | | DATE | 23c NAME | OF CEMETER | Y OR CREMATORY | | 23d | LOCATION (City o | r Town) | (Caunty) | (Stote) |
| 0 | | BUOYA SPO | No: | v. 15,196 | 68 Wico | nico N | demorial | Park | Sal | lisbury, | Wicomio | co, Mar | ryland |
| 3. | 24 | FUNERAL DIRECTO | | PANY, SAL | AE | DRESS | | DATE NO | BY REGI | ISTRAR 251 | REGISTRAR S | | |

VR A15ME (5)

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16655 16669 CERTIFICATE OF DEATH DECEASED-NAME M.ddle 2b HOUR TO and 2 death. First Last 20. DATE OF DEATH frate be executed within 24 haurs after death physician and completely filled in by the funeral en please remave carban papers. Pages 1 and (Type or print) Manth 11 Day Thomas Dollie Lowe 3. SFX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR iost **jul**hday) August 1, 1894 white female 70 BIRTHPLACE (State or Foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED 🔀 NEVER MARRIED 🗍 Maryland USA WIDOWED [DIVORCED Wicomico 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Deer's Head State Hospital during most of working life, even (relied). Deer's Head State Hospital Shirt Factory Salisbury 13d INSIDE CITY LIM TS? 13b. COUNTY Maryland NO. Wicomico Hebron and in any 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Last Phillips | Ellen William Bennett Mary Thomas Address Box 13A R. D. 2 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI NI ece) 16b SOCIAL SECURITY NO (If yes give war or dates of service) burial-transit permit. Then pl burial, crematian, ar removal, 218-03-0921 Mrs. Diane D. Hastings, Laurel, Delaware 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Bronchopneumonia 2 weeks DUE TO, OR AS A CONSEQUENCE OF Conditions, Lany, which gave) Arteriosclerotic cardiovascular disease, der se to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF compensated. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Cerebral thrombosis with left hemiplegia. 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AJTOPSY? CAUSES OF DEATH? YES 🔲 NO 🛣 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET, EACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a I certify that (I) (this haspital) attended the deceased fram..... , and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive on.... causes stated above, (1) (we) (did) (did nat) view the body after death.

TO FUNERAL DIRECTOR: After this certificate has been signed director, page 3 should be detached for use as the burial-t should be filed with the State Dept. of Health priar to burial, c Page 4 may be retained by the haspital ar attending VR A15 (4)

226 SIGNATURE

22d PHYSICIAN S

23a BURIAL, CREMATION

REMOVAL (Specify)

Burial

24 FUNERAL DIRECTOR

NAME (Type)

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Springhill Memory Gardens, Salisbury, Wicomico, Maryland Nov. 16, 1968 ADDRESS 25a REC D BY REG STRAR

ATTENDING PHYS

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

L. V. Maldve, M.

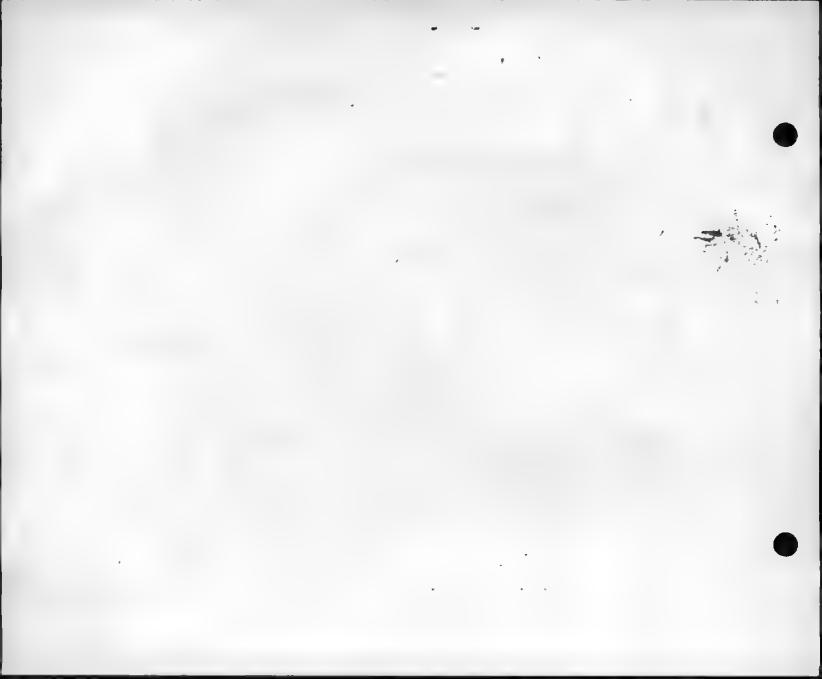
MED DIRECTOR

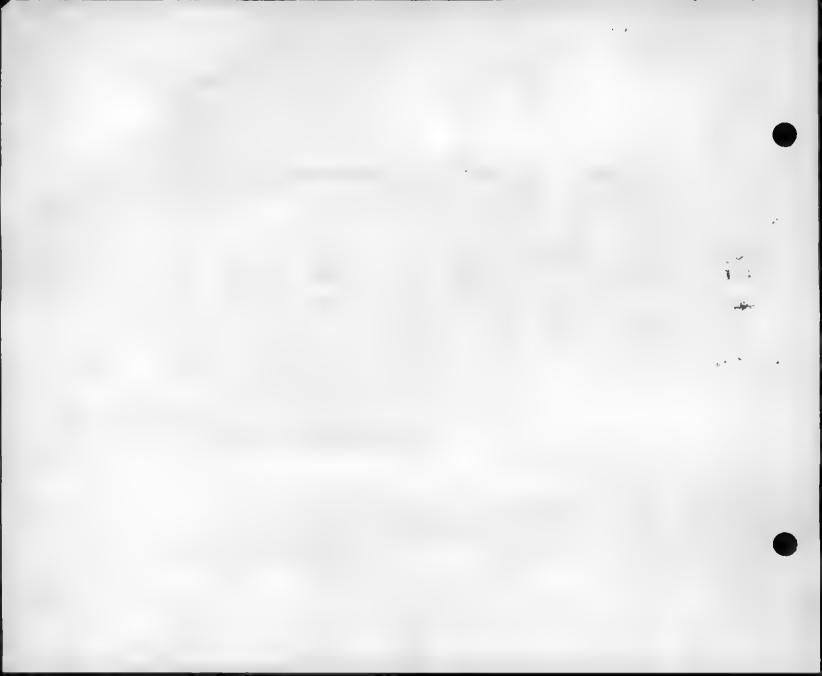
256 REGISTRARS S GNATURE

22r DATE SIGNED

Deer's Head State Hospital, Salisbury, Md

11/14/68





| | 16657 | | CERTIFICAT | OF DEAT | FH | | 8 6 |) () |
|-----------------------|--|---|---|-------------------|---------------------|--|--------------------------|---|
| | ECEASED-NAME LELA | A 17.1 | MASO | ast W | | DATE OF DEATH Manth Manth | Day Yes 2 3 19 | 2b. HOUR 745 M |
| 3. SE | r Female | 4. RACE White | S. D. | ov. 4, | 1895 | 6 AGE (In years last huthday) | IF UNDER FY AGINTHS YRS. | EAR IF JINDER 24 HRS. DAYS HOURS MIN |
| COUL | BRIHPLACE (State or foreign Maryland | 75. CITIZEN OF WHAT COUNTRY? U.S.A. | 8 MARRIED N WIDOWED X | DIVORCED _ | | NTY OF DEATH Wicomico | | Md. |
| 10 (3a | liy or town of DEATH lisbury-Pen | insulare of Hospital or IN | សារបោល(Ufnation) Hospita | | | PATION (Kind of work of ranking life even if retire SEWIIE | | D OF BUSINESS OR |
| 13a. adm | USUAL RESIDENCE (Where decea ission) - STATE Maryland | ised HVed, if institution. Residence before 136 COUNTY VOICESTET | Pocomo | | | R.F.D. 2 | | |
| 14 | FATHER'S NAME First William | Middle tost Collin | | HERS MAIDEN NA | ime first linnie | Middle Jane | - | lost Collins |
| | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECURITY | | | . Mas | Addre son, Pocon | noke Ci | |
| | PART 1. DEATH WAS CAUSE | DUE TO, OR AS A CONSEQUENCE OF | / lex | mbo. | el-a- | | | PROX MATE INTERVA |
| MOIT | anterooc | ONDITIONS CONTRIBUTING TO DEATH BUT N LC O C | 2 | On. AUTOPSY? | E OR CONDITIO | 206 IF YES, WERE FINDIN | NGS CONSIDERED | IÑ CERTIFYING |
| MEDICAL CERTIFICATION | While that while at work | ANH HOUR A.M Month Day Year P.M. 1 B. PLACE OF INJURY (AT HOME FARM STREET, FA OFFICE BUILDING ETC | GTORY,) 216-10CATH | ON Street or R.F. | | CAUSES OF DEATH? of injury in Part 1 or Po | Caunty | State |
| 1 | 220 I certify that (I) (II sow the deceased a crusses stored above | his hospital) attended the deceos olive on (we) (old) (did not) view the | ed from 100- 19 , and the body ofter deof | of in (my) (our | | to A A A A A A A A A A A A A A A A A A A | , 1950, ie dote ond h | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Corfoletely filled in by the full director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after a OM REV WE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the haspital or attending physician.

d templetely filled in by the formane carbon papers. Pages

230 BURIAL, CREMATION, BURIAL (Specify) 23b DATE 23C. NAME OF CEMETERY OR XENDORIX 11-26-1968

David J.

22e ADDRESS Medical

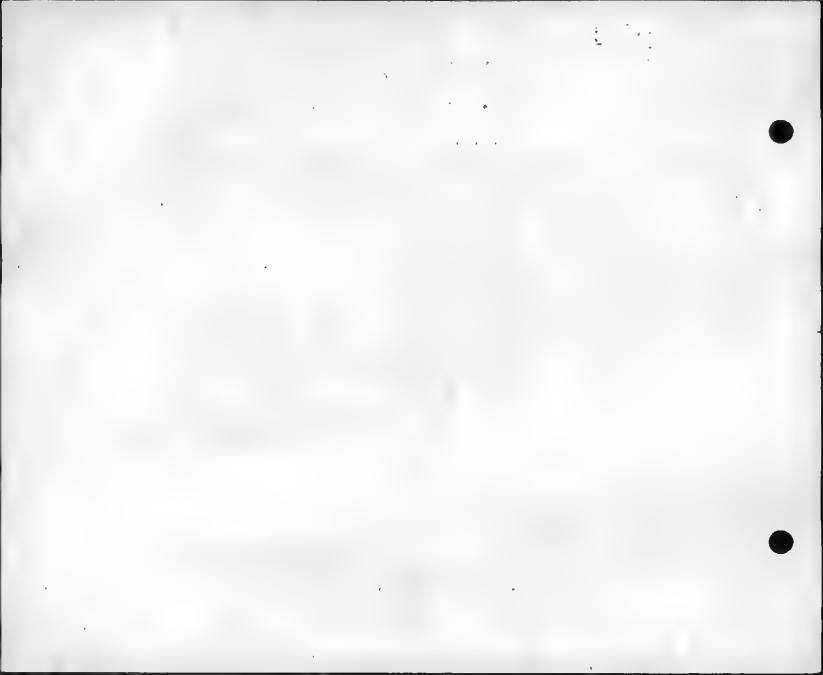
Center, Salisbury, Md. 23d LOCATION (City or Town) (County)

e City-Wor.-Md. Pocomoke

First Baptist
ADDRESS 250 REC D BY REGISTRAR DATE NOV 29 Pocomoke City, 1968 Md.

Gilmore, M.D.

(State)



ond 2 death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached for use as the burial-transit permit. (That please remave carban papers, should be filed with the State Dept. of Health priar to burial, crematian, ar releaved, and in any event, within 72 h

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| | | 2 | 200 |
|---|---|-----|-----|
| 1 | U | 1 3 | , |

| | 16658 | DIVISION OF VITAL RECORDS, | | PRESTON ST | | NORE, MARYLAND 21201 | 100 | 1 1-14 | | | |
|---------------|--|--|-----------|------------------------|--------------------------|--|-----------------------------------|---------------------------------|--|--|--|
| | ECEASED NAME First | Middle | | [ast | | 2a. DATE OF DEATH | м | 26 HOUR | | | |
| 1 | Type or print) SAMUE | L FRANKLIN | | MEYER | S | November 19 | 1968 | 8-01 | | | |
| 3 S | | 4. RACE | | S. DATE OF | | 6 AGF (In years | IF UNDER 1 YEAR MONTHS DAYS | 1F JNDER 24 HRS | | | |
| | Male | White | | June | 6, 1901 | last birthday) 67 YRS | | MUUKS MIN. | | | |
| | -41 | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIE | NEVER MA | RRIED 9. | COUNTY OF DEATH | | | | | |
| cau | Maryland | USA | WIDOWE | | DRCED 🔲 | WICOMICO | | M | | | |
| 10. | CITY OR TOWN OF DEATH Salisbury | 11. NAME OF HOSPITAL OR INS give street oddresss Peninsula Get | neral | not in hospitol Hospit | 120 USUAL during most | OCCUPATION (Kind of work done t of working life, even if retired) I red Grocer | 125 KIND OF INDUSTRY Grocei | | | | |
| | | d lived, if institution: Residence before | | | 134 INSIDE CITY LIMIT | | | | | | |
| oam | nssion) STATE Maryland | 13b. COUNTY Wicomico | Sali | sbury | YES NO | R.D. 6, Bay | singer T | railer | | | |
| 14. | FATHER'S NAME First | Middle Last | | IS. MOTHERS A | MAIDEN NAME Firs | t Middle | | Last Pk | | | |
| L | George | Meyers | | | Emma | | F11 | iott | | | |
| | . WAS DECEASED EVER IN U.S. ARMI | | NO. 17 | INFORMANT (| Wife) | R.D.6, Bays Allege | Traile | r Park | | | |
| | Yes, no, or unknown) (If yes give we Yes War | 1217 07 20 | 79A 📙 | Mrs. Be | ulah V. | Meyers, Salisb | ury, Mar | y land | | | |
| | | y one couse per line for (a), (b), and (c). |) | | | | | MATE INTERVAL NSET AND DEATH | | | |
| | PART I. DEATH WAS CAUSED | | 77 34.77 | | | | | | | | |
| | 509 | TE CAUSE (a) Uremic Po | | | | | | | | | |
| | Canditions, if any, which gave) | (b) Diabetes | | | | | | | | | |
| | nse to immediate cause (o), (stating the underlying couse(| DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| | lost. | (c) Hypertens | ion | | | | | | | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0) | | | | | | | | | | |
| _ | 7. | | | | | | | | | | |
| CERTIFICATION | 190. DATE OF OPERATION 196. C | ONDITION FOR WHICH OPERATION WAS PE | RFORMED | 20a. AUT | CONSIDERED IN CE | ERTIFYING | | | | | |
| 18 | | | | YES | NO 🗆 | CAUSES OF DEATH? | | | | | |
| | 210 ACCIDENT WAS UNDERLYING | | 21c | HOW INJURY O | | eature of injury in Part 1 ar Port 2 | , Item 18.) | | | | |
| MEDICAL | OR CONTRIBUTING CAUSE OF DEATH | | | | , | | , | | | | |
| MED | (If either, natify medical examina 21d. INJURY OCCURRED 21e. I | PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. | | LOCATION Str | eet or R.F.D. No. | City or Town | County | State | | | |
| | While Not while of work | OFFICE BUILDING, ETC. | 1 | | | , | , | | | | |
| | | s haspital) ottended the deceose | ed from | 11-5 | 1968 | to 11-19 1 | 9.68 . that | (I) (we) los | | | |
| | sow the deceased of | ive on 11-19 1 | 9 6 8 a | nd that in (r | ny) (aur) apıni | on deoth occurred an the c | ote and hour | ond fram th | | | |
| | causes stated obave, | , (I) (we) (did) (did nat) view the l | body afte | r deoth. | | | | | | | |
| | 226. SIGNATURE ATTENDING NO MED. STAFF 22c. DATE SIGNED | | | | | | | | | | |
| | 110 | TO Come | DE | SREE PHYS | | ECTOR PHYS N | ovember : | 29/1968 | | | |
| 1 | 22d PHYSICIAN S NAME (Type) | | | 22e. AD | | | | | | | |
| | Dr. W | Villiam B. Smith | | | | ision Street, S | alisbury | , Md | | | |
| 23a | BURIAL, CREMATION, 23b. D | | | |] | 23d LOCATION (City or Town) | (County) | (Stote) | | | |
| | | 7. 22,1968 Wicomi | | morial | | Salisbury,Wicom | | land | | | |
| 24. | FUNERAL DIRECTOR | ADDRESS | | | 25a. PKC D RY | 6. 1 1/4 - 11 | | | | | |
| | HOLLOWAY & CC | OMPANY, SALISBURY, | MARY | LAND | DATE | # 1 190A 3000 | Thy Xeen | Total ar | | | |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

| 1 | | CEASED-NAME | First | Middle | _ | Lost | 2a DATE OF | DEATH | | 26 HOUR | | | |
|---|---------------|---|--------------------|--|-----------------------|--|-------------------|--|-----------------------------------|---------------------------------|--|--|--|
| ١ | (t) | ype or print) | ELLA | MOORE | - 11 | litchel | NOYE | Month ER Day | 19/968 | JAM M | | | |
| | 3. SE | X | 4 R/ | ACE ~ | 1 5 | DATE OF BIRTH | | 6 AGE (In years lost birtheov) | TE JINDER I YEAR MONTHS I DAYS | IF UNDER 24 HRS. | | | |
| | | FEMAL | E | Colores | 大 一 | may 16 | ,1922 | 46 YRS | WOMIN? ONLY | , MUURS MIN | | | |
| I | 70 8 caun | SIRTHPLACE (State or fo | oreign 7b. CITI | IZEN OF WHAT COUNTRY? | | NEVER MARRIED 🗌 | 9. COUNTY OF | | | | | | |
| | 1- | Fisher O. | Del. | 11.2.11. | WIDOWED [| DIVÓRCED | | omico | | Md. | | | |
| | 10. C | TY OR TOWN OF DEATH | | 11. NAME OF HOSPITAL O | Peninsul | a during | | (Kind of work done life, even if retired) | 12bKIND OF | BUSINESS OR | | | |
| | | USUAL RESIDENCE | ere gaceased lived | Gene I, if institution. Residence bef | one lac city or | OWN - 13d INSIDE CITY | LAMPIS? 13e-ST | REET AND NUMBER | -0077 | | | | |
| 5 | (dm) | Salobal State La Ala | 13b | Sharees! | ir Sill | epulle YES - | NO, FO | . pod 43 | 74 | | | | |
| X | 14. F | ATHER'S NAME | rst | Middle 2 Los | st 15. | NOTHER'S MAIDEN NAME | First | Middle | | Lost | | | |
| 1 | | (X | rence | Moor | e | Juna | Mac | , Ma | auce. | 1 | | | |
| | | WAS DECEASED EVER II | N US ARMED FOR | | RITY NO 17 INF | ORMANT | 0. | Address 4 | 5H/ | 1. 1-0 | | | |
| 1 | | | | 121-18 | -666/1 | Lorena | furne | a se | Cheffrel | MATE INTERVAL | | | |
| | | 18 CAUSE OF DEATH PART I. DEATH W | | ause per line for (a), (b), and | | | | 1 2 | BETWEEN OF | MATE THIERVAL MSET AND DEATH | | | |
| | | PAKI I. ULAITI N | IMMEDIATE CAUS | iE (a) | nonutoris. | - pum | region | V color | - 61 | 2 | | | |
| | | Conditions, if any, which gove) | | | | | | | | | | | |
| | | Canditions, it any, whate to immediate co | | (b) | | | | | | | | | |
| | | stating the underlying | | JE TO, OR AS A CONSEQUENCE | OF | | | | | | | | |
| | | last. | , | (c) | | | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | | | |
| | NO. | 19g DATE OF OPERATIO | IN TIGH COMPLETE | ON FOR WHICH OPERATION WA | CDEDECOMED | 20o. AUTOPSY? | 206 16 | VES WEDE FINDINGS (| UNKIDEDED IN CE | EDTIEVING | | | |
| X | CERTIFICATION | 170 DATE OF OPERATIO | JN 170. CONDITIO | DN FOR WISER OPERATION WA | S PERFORMED | 200. AUTOPSY? YES NO CAUSES OF DEATH? | | | | | | | |
| | CERTI | 21o. ACCIDENT WAS U | UNDERLYING 12 | 16 TIME OF INJURY | 21c HOV | V INJURY OCCURRED (En | | py in Part 1 or Part 2 | Item 183 | | | | |
| | MEDICAL | OR CONTRIBUTING C | CAUSE OF DEATH | HOUR A.M. Month Day 1 | reor | the state of the s | or marore er mije | y 11 1 200 1 20 1 20 1 2, | 10.7 | | | | |
| | MED | (If either, notify medi 21d INJURY OCCURRE | | DE INTERY LAT HOME FARM, STREE | T FACTORY, 1 21f. LOC | ATION Street or R.F.D. M | lo (itv | ar Town | County | State | | | |
| | | While Not while at work | | OFFICE BUILDING, ETC | 7 | | | | , | | | | |
| | | | | pital) attended the deci | eased fram | 19. | , ta | . 19 | , that | (1) (we) lost | | | |
| | | saw the dec | reased alive an | n | 19 and | that in (mv) (aur) a | pinian death o | accurred on the do | ate and havr | and from the | | | |
| | | | ed abave, (i) (v | we) (did) (did nat) view | the bady after de | ath. | | | | | | | |
| | | 226 SIGNATURE | | Bu Com | Dr. CDr. | ATTENDING - | MED. | STAFF . | DATE SIGNED | 18 | | | |
| | | 22d PHYSICIAN S | | 1/00/100 | DEGREE | PHYS L | DiRECTOR L | PHYS L | 11 200 | | | | |
| / | | NAME (Type) | | | | LZE. MUDREJJ | | | | | | | |
| | 230 | BURIAJa CREMATION, | 23b DATE | 23c MAME | OF CEMETERY OR C | REMATORY | 23d LOCATIO | ON (City at/Town) | (County) | (State) | | | |
| | 2.50 | REMEIVAL (Specify) | 0112- | 3-68 (1) | tock | T. T. T. C. | 12 | black. | Sugarel | 120 | | | |
| | 24. | FUNERAL DIRECTOR | 1 1 | ADDI | RESS DA | 0.1 4.2 250 REGIO | BY-REGISTRAR | S68 REGISTRAR'S | SIGNATURE | 100. | | | |
| 1 | | Lowell | a.s. | talley Let | Les July | Sel DATE | にいる | 300 year | contag for | week " | | | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and composely filled in by the foundal director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

VR A15

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1057 1666R CERTIFICATE OF DEATH 1. DECEASED NAME M ddle Inst 20. DATE OF DEATH First 2b HOUR campletely filled in by the funeral nave carban papers. Pages | and 2 and 2 within 72 hours effer death. hin 24 haurs after death, (Type or print) Month TVANDA MOHAMERY November 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (In years IF JNDER I YEAR lost birthday) HOURS Female Negro burial-transit permit. Then please remave carban papers. Pá burial, cremation, ar removal, and in any event, within 72 hours 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 🗍 NEVER MARRIED 🖺 country) WIDOWED THE D-VORCED [Wicomico 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospitor 12a LSBAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of working life, even if retred) the attending physician uncertainty and are action please remark carban white Deer's Head State Hospital Salisbury 130 USUAL RES DENCE (Where deceased tived, if institution, Residence before 13c CITY OR FOWN 13d. INSIDE CUTY EIM TS? 13e STREET AND AUMBER admissian) STATE 35 COUNTY Somerset 14. FATHERS NAME IS MOTHERS MADEN NAME First M-ddle Middle Last Last requires that the death certificate be 12040 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: 2 months Retroperitoneal sarcoma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed l PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been of Health prior to 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 😿 21a ACC DENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) be detached (AT HOME, FARM, STREET, FACTORY) 21 LOCATION Street or R.F.D. No ed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work at wark 22a. I **certify** that 10 (this haspital) attended the deceased fram 11/13 , 19.68 , to 11/25 , 19.68 , that (1) (we) last saw the deceased alive an 11/25 19.68 , and that in (1/25) (aur) apinion death accurred an the date and have and fram the 3 shauld causes stated above, (1) (we) (aid) (didnot) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 shauld be filed DE**G**REE 11/26/68 PHYS DIRECTOR PHYS. 22e ADDRESS 22d. PHYS CIAN S NAME (Type) Maldve. M. D. Deer's Head State Hospital, Salisbury, Md. 23b. DATE 23c NAME OF CEMETERY OR EREMATORY (State) (County)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15573 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle 20. DATE KNOWN Month Day Year (Type or Print) delay is and 3 to amd 3 to am3. Poge EVA HANNAH MOORE DEATH MATED 11-13-6819 IF UNDER 1 YEAR IF JNDER 24 HRS 2c DATE PRONOUNCED DEAD 4 RACE S DATE OF BIRTH 6. AGE (In years 3 SEX 2d HOUR. 75 Y W 2-4-93 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Give Poges 1, WIDOWED [7] DIVORCED | Wicomico 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR g ve street oddress Peninsula General a during most of working ife even if retred | INDUSTRY Salisbury 130 USUAL RESIDENCE (Where deceosed I ved, if institut on Residence before 13c CITY OR TOWN 13b COUNTY Wicomico | Delmar admission) STATE YES NO 400 East St. be executed within 24 hours 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME icate, writing the word "pending" in be forwarded to the Chief Medical A within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6)_ Broncho pneumonia days DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), necessary, pleose execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Secondary anemia due to multiple fractures. be used 190 DATE OF OPERATION 195. COND T ON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO TO 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PR MARY OR CONTRIBUTING 11-11-68 Fell down stairs at home. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc)
OWN NOME AT WORK AT WORK 400 East St., Delmar, Wicomico, Md. 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X. Inquiry X., and in my apinion death resulted from Notura, Jouses Acadent K. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CAL EXAMINER 22b. DATE SIGNED Royer, Nov. 14. S moy b DEPUTY MEDICAL EXAMINER IX NAME (Type) 409 Camden Ave., Salisbury, Md ADDRESS (Street, city, town, or caunty) 23a BURIAL, CREMATION, 23b DATE 24. FUNERAL DIRECTOR 2So RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) Marvel Funeral Home, Delmar, Del. 10M REV 1768





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16677 16663CERTIFICATE OF DEATH . DECEASED-NAME-First Middle death. last 2a. DATE OF DEATH s ofter death 26. HOUR Tond 1 (Type or print) Margaret 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) 7o BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED 5 DIVORCED [] Wicomico executed within 24 bon por within 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BLSINESS OR during most of working life, even if retired.) remove carbon give street address) Salisbury Dear's Head State Hospital 130 USUAL RESIDENCE (Where deceased lived if institution Residence before) 13c. CITY OR TOWN 3d INSIDE CITY . ALTS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY NO 🗔 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Last FATON ELLIOTT 160 WAS DECEASED EVER IN US ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, na, acunknown) or removal, LHURCH signed by the offending phy APPROXIMATE PUTERYA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary Embolism IMMEDIATE CAUSE (a) lo hrs. buriol, cremation, DUE TO OR AS A CONSEQUENCE OF Canditions, fony, which gave) Hypertensive Arteriosclerotic Cardiovascular Years rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Disease stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART [(a) hos been see see see the keep the prior to be 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Health p YES -NO 😿 TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital ar this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year director, page 3 should be detached should be filed with the Stote Dept. of (If either, natify medical examiner) (AT HOME FARM STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED 21e PLACE DF INJURY City or Town County Stote While Not white at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from Uct. 28 , 1965 , ta hov. 16 , 19 68 , that (I) (we) last saw the deceased give an Nov. 16 19 68, and that in (my) (aur) apinian death accurred an the date and have and fram the causes stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE ATTENDING MED D RECTOR DEGREE 22d PHYSICIAN S Head Hospital, Salisbury, Ad. S 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b DATE



16664

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

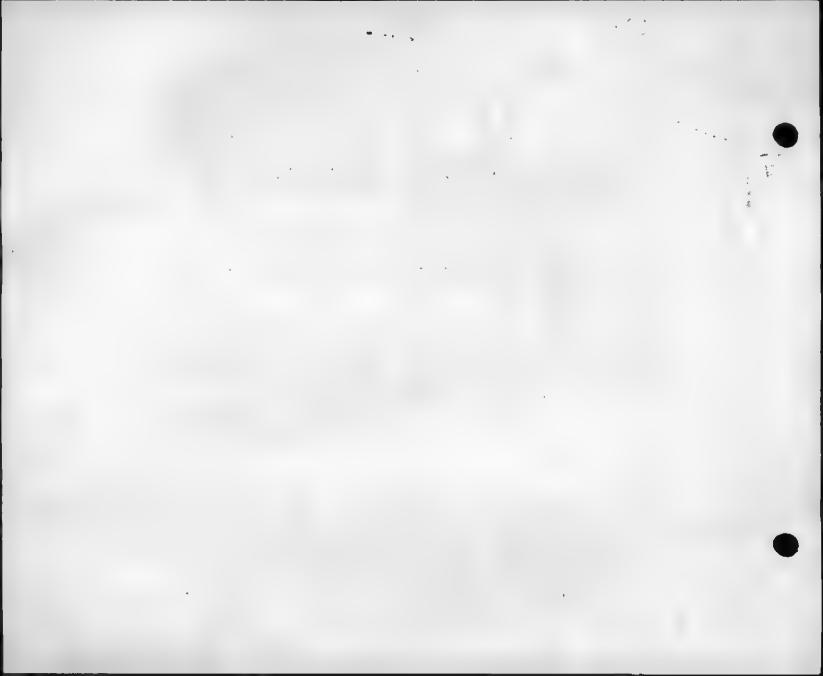
MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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| afr. | | | CEASED NAME ype or print) | First Etho | / | Middle | , | Lost | | 20. DATE O | | 23004 | / ♥Yeor | 25. HOUR |
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| in by the funeral ers. Pages 1 and 2 2 have efter death. | 1 | 3. SE | Female | | 4 RACE Whi | te | | Dec . S | | 94 | 6. AGE (In | hdoy) YRS | TE JNDER YEAR MONTHS DAYS | |
| 2 2 2 - | | 7o. 8 coun | RTHPLACE (Stote or f | foreign 7 | b. CITIZEN OF WHA | T COUNTRY? | 8. MARRIED | | 160 | 9. COUNTY O | | | | |
| ed i | | | | | USA | T AT HATPITAL OF BUI | WIDOWED [| | | WIC | omico | , | Last | Md. |
| the attending physician and completely filled in by the strength of the please remove, carbon papers. Pagination, or remayal, and namy event, within 72 hadrs | 0 | FQ. C | TY OR TOWN OF DEA | | give str | ME OF HOSPITAL OR INS eet oddress (A) Co A St. Scuis n Residence before | mico Nu | hsing Hoh | reduring E | ost of wanking | I (Kind of w | vork done if retired.) | INDUSTRY INDUSTRY | icine |
| carb vent, | LZ | 13e odmi: | USUAL RESIDENCE (WESSIGNATIVE LAND | here deceosed | lived, if institution | n Residence before | 13c CITY OR T | OWN V | YES NO | MiTS? 13e S | TREET AND N | NUMBER | | |
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| eas | - 1 | 16a. | WAS DECEASED EYER | IN U.S. ARMEI | | 6b SOCIAL SECURITY I | | ORMANT | | | | Address | | |
| by the attending physician transit mermit. Then please cremation, or remayal, and | | Y | es, no Nr Unknown) | (If yes give war | or dates of service) | 220-30-8 | 991 M | . S. | Otis | Nort: | ham, | Snow | Hill | , Md. |
| Pa Em Em Em Em Em Em Em Em Em Em Em Em Em | - 1 | | IB. CAUSE OF DEAT | H (Enter only | one cause per line | for (o), (b) and (c) | } | . 0 | | _ | | | | OMATE INTERVAL ONSET AND DEATH |
| ait. | | | PART I. DEATH I | was caused i Immediate | BY CAUSE (o) | erebr | el t | tren | who | 220 | | | 10 | 2 min |
| atte llern on, | | | 4327 | Α | | A CONSEQUENCE OF | | | 1 | | | | | |
| the sit | | | Conditions, if ony,"w | | (b) | ater | 2 EBCE | ener | 20 | | | | 16 | 40 |
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| signed barial-t | | | last. | | (c) | | | | | | | | | |
| | | | PART 2. OTHER SIGN | IFICANT COND | ITIONS <u>CONTRIBUTI</u> | NG TO DEATH BUT NO | OT RELATED TO | THE TERMINAL | DISEASE OR (| ONDITION GIV | EN IN PART | 1(0) | | |
| rhe To | | No | - الا ا ـ ا | in Italia | | | | | | Lan | E 14-6 14/EB- | Chipping Co | NEGOTO III | F-B-ISMN 0 |
| has b se as th prio | X | CERTIFICATI | 190. DATE OF OPERATION | UN 19b.CC | INDITION FOR WHIC | H OPERATION WAS PE | KEOKWED | 20a. AUTOP | SY? ₩0 [<u>]</u> | | ES OF DEATHS | | INSIDERED IN (| EKTIFYING. |
| ate = U | ` | | 210 ACCIDENT WAS | | | | 21c. HOV | INJURY OCCU | IRRED (Enter | noture of ing | ury in Port 1 | or Port 2, I | tem 1B.) | |
| 語る品 | | MEDICAL | or contributing [] (If either, notify med | | HOUR A.M. P.M. | Month Doy Year | , | | | | | | | |
| O FUNEKAL BIRECTOR: After this certificate has been director, page 3 shamed bin detached far use as the shauld be filed with the State Dept. of Health prior to | | | 21d INJURY OCCURR White Not while at work of wark | RED 21e. P | | AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC | TORY,) 21f LOC | ATION Street | or R.F.D. No. | Cit | y or Town | | County | Stote |
| her f | | | 22a. I certify th | at (I) (this | haspital) atter | ided the decease | ed from | unt: | 2.0, 19_ | 68 , ta_ | 11.12 | 2,33 , 19 | Ed, tha | t (I) (we) last |
| CTOR: After should be of the State | | | 22a. I certify th saw the de causes stat | ceased alived abave, | /e an(I) (we) (did) (did) | 1/22_1 did nat) view the | 9Sand bady after de | thất in (my ath. |) (aur) api | nian death | accurred | an the da | te and hour | and fram the |
| E SE | | | 22b SIGNATURE | _ | 017 | | // | ATTENDING | - N | IED - | STAFF | 220 [| ATE SIGNED | / |
| ed 3 | | | 11. The | 11/ | 1 /The | denn | DEGREE | PHYS | DXI D | IRECTOR . | PHYS. | U// | 123/ | 18 |
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| ctar | - | 220 | BUR-AL, CREMATION, | 23b. DA | TE | 22. NAME OF | CEMETERY OR C | DEMATORY | | 1 224 IDCAT | ION (City or | Town | (County) | (Stote) |
| dire sha | | 236. | REMOVAL (Specify) | 1 | 25/1968 | | | | | | | | . ,, | ' ' |
| F | | 24. | FUNERAL DIRECTOR | | 27/ 1961 | 3 Whate ADDRESS | oat Ce | | | Y REGISTRAR | W H1 2Sb. | REGISTRAR S | | |
| 30M REV 128 | 30 | 16 | Gull. | BN. | - X | Snow Hi | | | DATE NO | 1271 | 96B | | may la | det. |

MARYLAND STATE DEPARTMENT OF HEALTH 16665 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle 2c. DATE OF DEATH uthin 24 hours after death (Type or print) Month ROBERT **HENRY** 3. SEX 4 RACE 5° DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday) MONTHS June 8, 1918 White 7o. BIRTHPLACE (State or fareign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED X NEVER MARRIED (guntry) WiDOWED [DIVORCED [Wicomico Maryland USA 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR Peninsula General Hospital Painter Painting Salisbury 13a USJAL RES DENCE (Where deceased void, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY JAM TS7 13e STREET AND NUMBER admission) STATE 18b. COUNTY YES 🗔 NO 🗌 505 E. College Ave. Wicomico Salisbury Maryland ond in ony 14 FATHER S NAME First Middle last 15 MOTHER'S MA DEN NAME First Middle Last 6 The law requires that the death certificate be Hicks William . Norwood Etta 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 505 Address E. College Ave. 16b SOCIAL SECURITY NO 17 INFORMANT (Wite) Yes, na, ar unknown)
Yes (types give war or dates of service) cremation, or removal, 215-03-6934 War Mrs. Rachel J. Norwood, Salisbury, Maryland 1B. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH neumoceccal IMMEDIATE CAUSE (a) signed by the burial-tronsit Conditions, if any, which gave) rise to immediate couse (a), i stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE OR CONDITION GIVEN IN PART 1(a) use os the l Page 4 moy be retained by the hospital or ottending After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 90. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? director, page 3 should be detoched for use should be filed with the State Dept. of Health YES [NO TH 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, nat fy medical examiner) P.M. 21d. NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town COUNTY State While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from 11-23-62, 19 ____, to 11-27 . 1968 , that (1) (we) last saw the deceased alive, an 11-22 1965, and that ir (my) (our) apinion death accurred on the date and haur and from the O FUNERAL DIRECTOR: A director, page 3 should couses stoted above, (1) (well (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF 11-27-68 DIRECTOR PHYS. 22d. PHYSICIANS 22e ADDRESS NAME (IVE S. Salisbury Blvd., Salisbury, Maryland John T. Bulkeley 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23d LOCATION (City or Town) (Caunty) REMOVAL (Specify) Salisbury, Wicomico, Maryland Nov. 30, 1968 Wicomico Memorial Park Burial EUNERAL DIRECTOR 25a. REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 1968 HOLLOWAY & COMPANY, SALISBURY, MARYLAND





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16681 16667 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH 2b HOUR DECEASED NAME death. requires that the death certificate be executed within 24 haurs after death puo 30 neral Month (Type or print) EMBER IF UNCER 24 HRS IF UNDER YEAR 4. RACE S. DATE OF BIRTH 6 AGE (In veors 3. SEX lost pirthdoy) MONTHS MUN Ž. YRS 9. COUNTY OF DEATH CITIZEN OF WHAT COUNTRY? 8. MARRIED [V] NEVER MARRIED[7o. 8IRTHPLACE (State or foreign country). Retely filled in papers DIVORCED [Wicomico WIDOWED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USJA, OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH most of working the even if retired] INDUSTRY give street address) Peninsula AI Hospit 207 Salisbury General event, 13c. CITY OR TOWN 39 STREET AND NUMBER 13d INSIDE CITY LAND 13a JSUAL RESIDENCE (Where deceased lived, if nstitution: Residence before admission) STATE YES V fermove' and in any 14 FATHER'S NAME MOTHER S MA DEN NAME First M ddie 6 physician (please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO Address (If yes give way or dates of service) Yes, no, or unknown) FUNERAL DIRECTOR: After this certificate has been signed by the attending physirector, page 3 shauld be detached far use as the bunal-transit permit. Then played be filed with the State Dept. of Health priar ta burial, cremation, or remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)) and (c) BETWEEN ONSET AND OFAT PART I. DEATH WAS CAUSED 8Y.
IMMEDIATE CAUSE (a) more DUE TO, OR AS/A_CONSEQUENCE OF (anditions, if any, which gave) rise ta immediate causa (o). DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE AUTO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) an 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? CAUSES OF DEATH? YES [No -21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) 218 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 214 LOCATION Street of R.F.D. No. State 21d. IN. JRY OCCURRED City or Town County While Not while at work 22a. I certify that (1) (this hospital) attended the deleased frame X, and that in (my) (bar) apinian death accurred an the date and hour and fram the saw the deceased alive an director, page 3 shauld causes stated above, (1) (yet (did) (d.d.hot) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE PHYS DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) blugda 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b DATE 23a BURIAL CREMATION REMOVAL (Specify) 9 25b. REGISTRAR'S SIGNATURE 25g REC D BY REGISTRAR MNERAL DIRECTOR 15th out a

MARYLAND STATE DEPARTMENT OF HEALTH

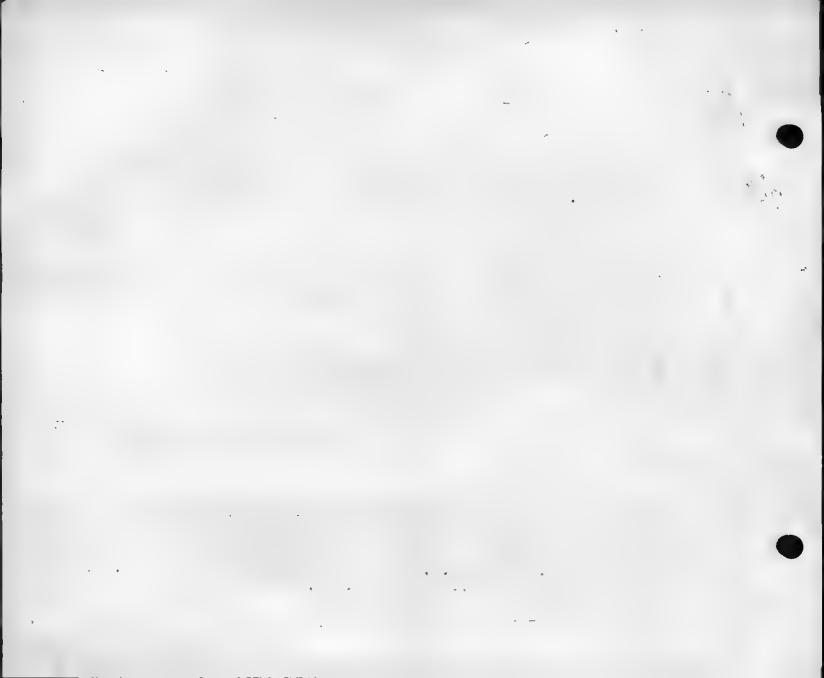


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1065 16663 CERTIFICATE OF DEATH 2g DATE OF DEATH 2b. HQUE L. DECEASED-NAME First Middle sán papers. Pages 1 and 2 within 72 hours after death. (Type or print) Olin Lee pletely filled in by the remaining pages I a IF UNDER 24 HRS 4 RACE S. DATE OF BIRT IF UNDER 1 YEAR 3. SEX 6 AGE (In veors last birthgay) DAYS HOURS White July 29. 1901 9. COUNTY OF DEATH within 24 haur 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED maryland Wicomico DIVORCED | USA WIDOWED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR give street address) Peninsula during most of working life, even if retired) INDUSTRY carban Salisbury Truck General Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d WRIDE CITY JAMITS? 13e STREET AND NUMBER LIŔE COUNTY Snow Hill 14 FATHER'S NAME Lost S MOTHER'S MAIDEN NAME First M ddle Middle Last Rosa Hamblin Eugene Pusev ease and physician The law requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no or unknown) ם 216561620 Snow Hill Mrs. Georgia E. Pusev. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) EDWEEN ONSE!" AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove: rise to immediate cause (a). DUE TO, OR/AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ADT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior ta t **TO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO I 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 181) TO OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d NILIRY OCCURRED 218 PLACE OF NJURY (AT HOME FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark at wark 220. I certify that (I) (this hospital) attended the deceased from .19 (.0), and that in (my) (our) apinion death accurred on the date and hour and from the saw the deceased alivel an... couses stated above. (H (we) (aid) (did not) yew the body after death. 22h SIGNATURE 22c. DATE SIGNED MED. ATTENDING STAFF DEGREE DIRECTOR PHYS. 22d PHYSICIANIS 22e. ADDRESS NAME (Type) 235 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (State) 11/9/68 Bates Meth. REGISTRARY SIGNATURE 2Sq. REC D BY REGISTRAR ELINERAL DIRECTOR ADDRESS 2Sb VR A15 (4) DATNOV 12 30M REV 1/68 man



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First 20. DATE OF DEATH Lost 2b. HOUR executed within 24 hours after death (Type or print) RUSSELL HERMAN 3. SEX 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In veors MONTHS Male White June 26. 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED M NEVER MARRIED "Maryland U.S.A. D-VORCED | WIDOWED | Wicomico IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OF give street oddress)
Peninsula General Hospital Farmer INDUSTRY Salisbury Farming 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER edm ssion) SIATE Mary Land Pocomoke YES R.F.D. 14. FATHER S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost low requires that the death certificate be John Redden Purnell Cordelia Mason 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes no or unknown) unk Mrs James T. Abell, Pocomoke City 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) . PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Unknown steeling 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO F 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City of Town County Stote While Not while at work O FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State 22a. I certify that (1) (this haspital) attended the deceased fram..... , 19____, to , that (1) (we) last saw the deceased alive an __19____, and that in (my) (aur) apinian death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Richard Hughes, M.D. Salisbury, Maryland 23c NAME OF CEMETERY XIX DEDICATOR 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE (County) 11-28-1968 Goodwill Methodist Pocomoke City - Wor. - Md. ADDRESS 250. RECD BY REGISTRAR 25b REGISTRADS SIGNATURE Pocomoke City, Md. DATE NOV

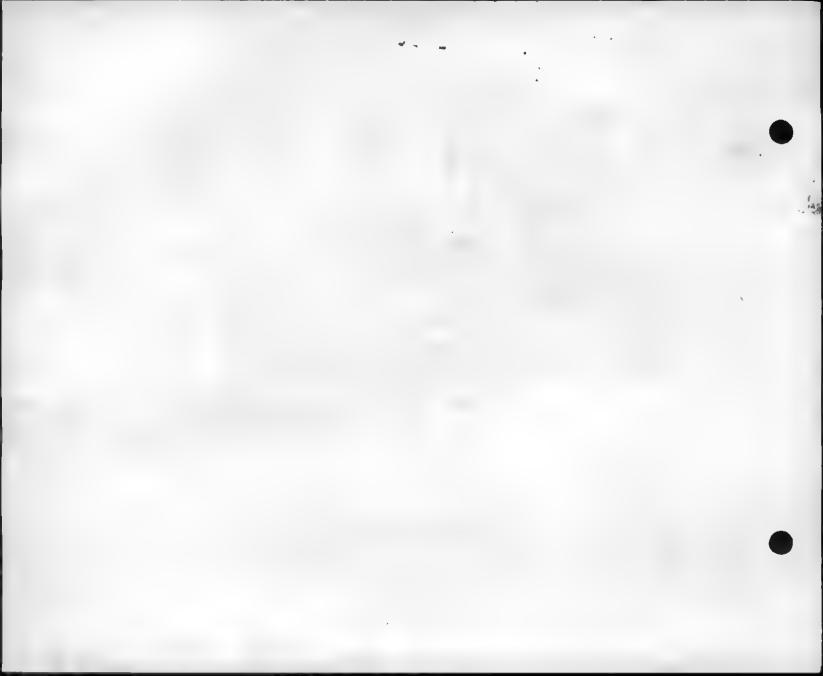




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|--|--|--|
| FOR STATE | 12/3/68 kk 1667 AMEDICAL EXAMINER'S CERTIFICATE OF DEATH | 550 |
| HEALTH DEPT. | 1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day | Yeor 25. HOU |
| Oy is 3 to Page | (Type or Print) JOHN JOSEPH FRANCIS SACCA OF IST. 11-19-6 | 0819 |
| | 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 1 YEAR 1 F UNDER 1 YEAR 2 DATE PRONOUNCED DEAD Months DAYS HOURS MIN Month 11 Day 19 Ye | 2d HOU |
| / _ / | 70 BIRTHPLACE (State or foreign 75 (ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH | |
| Pages 1, vith farm | COUNTY) Piniladelohia Pa. USA WIDOWED DIVORCED Wicomico ID. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital DCCUPATION (Kind of work done 12b Kil | ND Or St Charge on |
| P 9 2 4 | The same of the print of the pr | nd of Business or Onstruct |
| 3 9 / | 130. USUAL RESIDENCE (Where deceosed lyed, if institution Res dence before 13c CITY OR TOWN 130 INSTITUTION 13e STREET AND NUMBER odmission) STATE Md. 10 COUNTY Worcester Ocean Citys 2 No 804 S. Baltimor | re Ave. |
| offer of the offer | 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle | Lost |
| الله الله الله الله الله الله الله الله | Frank J. Sacca Lena Julia | ana |
| This certificate should be executed within 24 icate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examinents to be used as a burial-transit permit File pages or removal, and in any event within 72 hours | (Yes, no. of unknown) Yes W.W. II 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS Nancy Sacca (wife) | |
| be executed with pending" in pending" in pending in pendical Exactions partition for the event within 72. | IB LAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c)) | APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH |
| pending" is pending and medical most permit seems? | IMMEDIATE CAUSE (o) ELECTROCULTION | sudden |
| ef Merit | Conditions, If any, which gave | |
| ord | rise to immediate couse (a), (b)— stating the underlying couse (DUE TO, OR AS A CONSEQUENCE OF | |
| e should be e the word "per to the Chief? I burial-transit in any even | last. | |
| This certificate should ficate, writing the word be farwarded to the Ct de used as a burial-tre or removal, and in any | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
| certificat arwarded arwarded used as a moval, an | 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION 170 | D AUTOPSY? |
| fary fary emo | 196. COND TION FOR WHICH OPERATION 196. COND TION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNA. CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 22c. HOW, NJURY OCCURRED (Finer nature of unitary in Part 2 or Part 2, term IR.) | YES IN NO |
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| DEPUTY Stessary, please execute the certification in the certification of the certification of the certification in the certification | | ind in my apin o |
| please director retainer DIREC | death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner . | |
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| sary sary sary v be VERA | Examiner Earl L. Royer M.D. Deputy Medical Examiner K. Nov. 2 | B, 1968 |
| necessary, please extremely function. S may be retained to FUNERAL DIRECTOR Health prior to bur | NAME (Type) 409 Camden Ave., Salisbury, MdapDRESS(Street, city, town or county) | |
| 5 = = 25 = | 230 BURIAL CREMATION REMOVAL (Specify) 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County Burlial 11-23-68 Evergreen Cemetery Berlin, Worcester | , , |
| | Burral 11-23-68 Evergreen Cemetery Berlin, Worceste | r. Md. |
| VR A15ME (5) | Burbage Funeral Home, Berlin, Md. DATE NOV 27 1968 golden | |
| Pah | | 0 0 |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16686 CERTIFICATE OF DEATH 2a. DATE OF DEATH First Month 4 Day 6 8 Year (Type or print) BELL MAE 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years May 4, 1891 White 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 8. MARRIED 🔽 NEVER MARRIED 🗌 country) DIVORCED | Wicomico WIDOWED [7] USA Maryland 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 125. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address) Peninsula General Hospital during most of working life, even if retired.)
Seamstress INDUSTRY Salisbury Shirt Factory 13o USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d IRSIDE CITY LEMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY R.D. 1, Camden Ave. Extd. Wicomico Eden Lost 15. MOTHER 5 MAIDEN NAME First 14 FATHER'S NAME First Grav Taylor Sarah Henry 16b SOCIAL SECURITY NO. 17 INFORMANT (Daughter) R.D. 1 Address Camden Ave. Exto 16d WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war ar dates of service) 215-12-6833 Mrs. Mae B. Donalds, Eden, Maryland APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1161 296 X 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o AUTOPSY? CAUSES OF DEATH? YES 🔲 NO DO 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. Na. 21d. A.JRY OCCURRED City or Town Caunty State While Nat while at work FUNERAL DIRECTOR: After this causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR □ November 4, 1968 22e. ADDRESS 22d. PRYSICIAN'S Medical Center, Salisbury, Maryland Dr. Joseph C. Fitzgerald 23d LOCAT ON (City or Town) (County) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 230 BURIAL, CREMATION Bur Ta (Specify) 1968 Nov. 7. Wicomico Memorial Park Salisbury, Wicomico, Maryland 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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| | | | 18. CAUSE OF DEATH | VAS CALICED | DV. | , | | | | | | | | | BETWEEN OF | SET AND DEATH | |
| 5 | | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cerebral vas | | | | | | | | scular accident | | | | | | 8 days | |
| on, | | Conditions, if any, which gove) | | | | | | | | | | | | | | | |
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| | 2 | TION | 190 DATE OF OPERATION | ON 19b, C | ONDITION FOR | WHICH OPER | ATION WAS PE | RFORMED | 20o. AUT | OPSY? | | 20b. IF Y | ES, WERE FINDIN | IGS CONSI | DERED IN CE | RTIFYING | |
| | | FIG | | | | | | | YES | NO- | e l | CAUSES 0 | F DEATH? | | | | |
| | | CERTIFICATION | 210. ACCIDENT WAS | UNDERLYING | 215 TIM | E OF INJURY | | 21, | HOW INJURY OF | | _ 1 | of inture | in Port 1 or Po | rt 2 Item | 18.) | | |
| 2 | | ¥ | OR CONTRIBUTING | CAUSE OF DEATH | HOUR A | .M Montl | Doy Yeor | 1 | TION TIBORT OF | connes (c) | 1101 1101010 | or injury | 111101110110 | , 11911t | 10.) | | |
| | | 9 | (If either, notify med | | | M. | Canno Cancer Sad | | 10.4471041 | | | | | | | | |
| 5 | | ~ | 21d. INJURY OCCURR While Not while | ED Zie P | LACE OF INJUI | OFFICE 0 | . PARM, STREET, PAC UILDING, ETC. | JUKT.) 211 | LOCATION Stre | ent or R F.D | No. | City or | lown | C | ounty | Stote | |
| | | | at work ot work | | | | | | | | | | | | | | |
| | | | 22a. I certify the saw the de causes stat | ata(d) (this | haspital) | ottended | the decease | ed from. | Aug. 7 | , 19 | <u> 68. j</u> | ta <u>No</u> | y 9_, | , 19 <u>6</u> 6 | 1_ , that | (N) (we) last | |
| 2 | | | saw the de | ceased ali | ve an_Ad | idy/did | * | Y <u>OO</u> , | and that in Ja | ak) (aur) a | ipinian d | eath ac | curred an th | e date a | ind haur d | ind tram the | |
| | | ш | 22b. SIGNATURE | eu abave, | (Ex (Me) (n | iu) (basab | d) view ille | budy un | si dedili. | | | | | 22c DATE | SICHED | | |
| \$ | | | ZZD. SIGNATURE | 6.0 | 10.1 | -6 | | D | EGREE PHYS | ING 📺 | MED DIRECTOR | 621 | | | | 1968 | |
| 2 | | | 204 DUVERGIAN'S | | juu | MA | y- | | | | | | | | | | |
| Should be med with me state vept. Of neotin prior to | 1 | | 22d. PHYSICIAN'S NAME (Type) | E. I | Ri | tchir | igs, l | 1. D | 22e AD | Pir | ne Bj | luff | Stat | е Но | spit | al | |
| 1 | 0 | 230. | BURIAL, CREMATION, | 23b. D/ | ATE | 12 | 3c. NAME OF | CEMETERY | OR CREMATORY | | 23d. | LOCATION | (City or Town) | 10 | ounty) | (Stote) | |
| | 1 | | REMOVAL (Spec (y) | | | | | | 3 Cemete | ery | Ki | ngst | on, Md. | Son | erset | | |
| | 11 | 24 | CINICANI DIDECTOR | | , | | ADDRESS | | | Tara Drein | DV DCCIC | TDAD | Lock projett | DAD'S SICH | ALTZING | | |

VR A15 (4) 30M REV 1/68

cuted within 24 hours after deoth.

TO NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex

Page 4 may be retained by the hospital or attending physicion.

Bradshaw & Sons, Crisfield, Md. 21817

1968 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16688 CERTIFICATE OF DEATH 1. DECEASED-NAME First M. ddle Last 2a. DATE OF DEATH 2b. HOURdeath. and (Type or print) HATTIE MARIAN Ven 4. RACE 3 SEX S. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS HOURS May 1, 1899 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) WIDOWED X DIVORCED | Wicomico Maryland USA executed within 24 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Peninsula during most of working life, even if retired.)
House Wife give street address) INDUSTRY Salisbury General Hospital dence before 13c (ITY OR TOWN 130. USUAL RESIDENCE (Where deceased lived if institution: Residence before I 3d. 1HSIDE CITY LIMITS? 13e STREET AND NUMBER Wicomico NO -207 Main Street reprove Hebr.on 14 FATHERS NAME Middle IS. MOTHER'S MA-DEN NAME First Middle 1 ast Milligan Sallie Joseph Frank Ann Taylor requires that the death certificate, 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (Grandson) Address Yes, na, ar unknawn) NO I (If yes give war or dates of sarvice) ar remaval, Tim White, Hebron, Maryland APPROX.MATE INTERVA CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c).)
 PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if any, which gave) burial-transit nse to immediate cause (a). signed by DUE TO, OR AS stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been മ of Health prior to 19a DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES 🖂 NO [21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY (thy or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 Land that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased a ive on. be retained causes stated above, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22c DATE SIGNED DEGREE director, page should be filed PHYS DIRECTOR PHYS 22e. ADDRESS NAME (Type) shauld 23c. MAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 23a BURIAL, CREMATION (County) REMOVAL (Specify)
Burial Memory Gardens Salisbury, Wicomico, Maryland 1968 Springhill

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24. FUNERAL DIRECTOR

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

1 2 1968

25b. REGISTRAR'S SIGNATURE



| | 18675 | | | CERTIFICA | TE OF DEATH | • | | | , | | | |
|---------------|--|--|----------------------------|--|-----------------------|------------|---|------------------|-------------------------------|--|--|--|
| | ECEASED-NAME | First | Middle | | Last | 20. | DATE OF DEATH | | 2b. HOURA | | | |
| (1 | Type or print) | alter | Albert | Var | Auken | | Month Day | 1968 | 2:45 | | | |
| . SE | | 4 RACE | | 5. | DATE OF BIRTH | | 6 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN | | | |
| | Male | Whi | te | | L2-10-1903 | | last birthdoy) 64 YRS | MURINS DAYS | MIN WIN | | | |
| 0. | BIRTHPLACE (Stote or foreign | 76. CITIZEN OF Y | WHAT COUNTRY? | 8 MARRIED X | NEVER MARRIED | 9 COU | NTY OF DEATH | | | | | |
| ka Dr | Connecticut | U.S.A | 4. | WIDOWED | DIVORCED [| M | licomico | | Mo | | | |
| 0. 0 | CITY OR TOWN OF DEATH Pittsville | | | NOOL Reputation (If not in haspital 12a USUAL OCCUPATION (Kind of work done during most of working life even if retired) Nool Retired Welder Welder | | | | | | | | |
| | USUAL RESIDENCE (Where dission) STATE Aarvla | eceosed lived, if instit | | Pittsv | vec I | NO 🔲 | 13e STREET AND NUMBER Sixty≭Foot R | | *** 8 | | | |
| 4. | FATHER'S NAME FIRST | Middle | Last | 1S. N | OTHER'S MAIDEN NAME | First | Middle | | Lost | | | |
| | UNK | NOWN | | | UNKNO | WN | / . | | | | | |
| | WAS DECEASED EVER IN U.S | ARMED FORCES? | 16b. SOCIAL SECURITY I | | | | Address | | | | | |
| | No | | 048-05-14 | 78 Mr | s. Frances | E. V | anAuken, See | | | | | |
| | 18 CAUSE OF DEATH (Ent | | line (6) (0), (b), and (c) |) | | | | | ATE INTERVAL SET AND DEATH | | | |
| | PART I DEATH WAS C | WEDIATE CAUSE (a) | 1 Fronch | -gen | e Ca- | | - | has pr | -6W~ | | | |
| i | 1621 | | AS A CONSEQUENCE OF | 0 | | | | | | | | |
| | Conditions, If any, which gave arise to immediate cause (a), (b) | | | | | | | | | | | |
| | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| | last. | (c)_ | | | | | | | | | | |
| | PART 2 OTHER SIGNIFICAN | T CONDITIONS CONTRI | BUTING TO DEATH BUT N | OT RELATED TO TI | HE TERMINAL DISEASE O | R CONDITIO | ON GIVEN IN PART 1(0) | | | | | |
| S. | 1601 | | | | | | I | | | | | |
| Ž | 19a DATE OF OPERATION | 196. CONDITION FOR V | VHICH OPERATION WAS PE | | | | 20b IF YES, WERE FINDINGS (CAUSES OF DEATH? | ONSIDERED IN CER | TIFYING | | | |
| CERTIFICATION | 21g. ACCIDENT WAS UNDE | DEVINC LOU THE | or many | las contr | YES NO | | (1) | 41 101 | | | | |
| M | OR CONTRIBUTING CAUSE (| DE GEATH HOUR A N | . Month Doy Year | ZIC. HOW | INJURY OCCURRED (EN | ter nature | af injury in Part 1 or Part 2, | 11em 18.) | | | | |
| ED C | | (If either, notify medical exominer) P.M. 19 | | | | | | | | | | |
| ~ | While Mat while Mar while | 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No City or Town (Ounty State | | | | | | | | | | |
| | at work at wark | at work at wark | | | | | | | | | | |
| | 22d, I certify that (I | 22a. I certify that (1) (this bospital) attended the deceased from | | | | | | | | | | |
| | couses stated a | bave, (I) (we) [dis | t) (did nat) view the | bady after ded | ath. | pilliuli e | icam accorred by the at | ne ana naor a | nu nom m | | | |
| | 22b. SIGNATURE | 1/1/1 | | | ATTENDING | MED. | CTAFF | DATE SIGNED | | | | |
| | 2 | 1 | 7 | DEGREE | PHYS. | DIRECTOR | STAFF PHYS. | 1-11-196 | 05 | | | |
| | 22d. PHYSICIAN S NAME (Type) | ATR | noton | | 22e. ADDRESS | | 01000/000 | | | | | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the further director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV 1/68

ite within 24 hours of

O NESPITAL OR ATTENDING PHYRICIAN: The low requires that the death certificate

Page 4 may be retained by the hospital or attending physicion.

BURIAL, CREMATION, REMOVAL (Specify) Burlal 24. FUNERAL DIRECTOR Hill Funeral Home

23b DATE

11-12-1968

ADDRESS Salisbury, Maryland Viermon 1. Balus

23c. NAME OF CEMETERY OR CREMATORY

Fairfield Memorial

Park

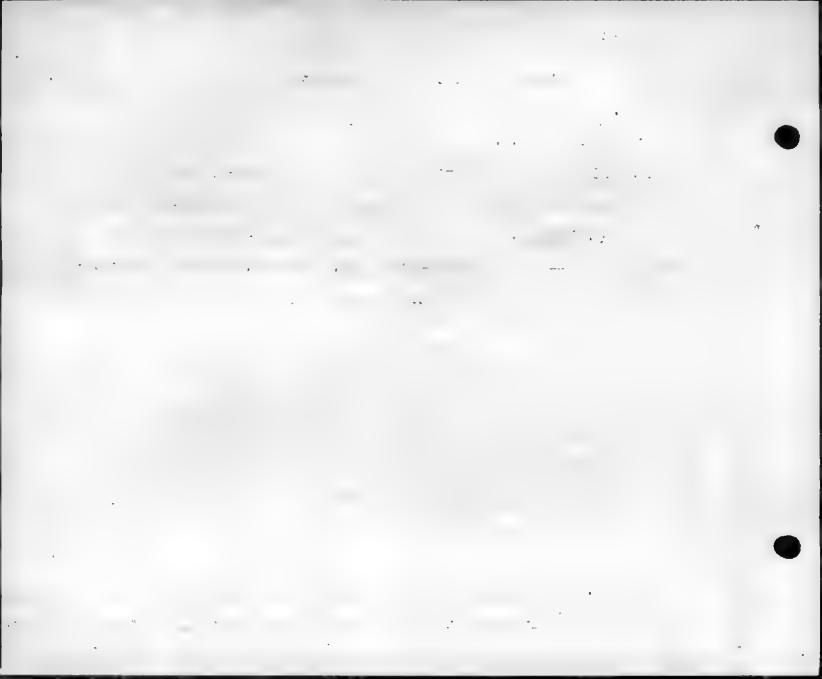
2Sd. REC D BY REGISTRAR DATE NOV 1 2 1968

Stamford

, Fairfield, Connecticu

(County)

(Stote)







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16678 16692 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 20 DATE OF DEATH death. requires that the death certificate be executed within 24 naurs after death , puo unerol (Type or print) Month / 7 Day everyone EANOR 6. AGE (In years 3. SEX 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HPS MOURS last birthday) 9. COUNTY OF DEATH 7c BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Wicomico DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Peninsula during most of working life, even if retired.) give street address) INDUSTRY OCUN HOME Salisbury General Hospital 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$25. CITY OR TOWN 13d. INS DE CITY E.MITS? 13er STREET AND NUMBER 13b. COUNTY ove 14. FATHER S NAME Middle IS. MOTHER'S MAIDEN NAME First 16b SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) -18-7/61 NORMAN M 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to hos been as the 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO -After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 121c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) ATTENDING PHYSICIAN: ٥ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 1/-3, 1966, to 1/-17, 1968, that (I) (we) last saw the deceased a ive an 1/-17, 1968, and that in (my) (our) apinion death accurred on the date and hour and from the O FUNERAL DIRECTOR: causes stated above, (1) (we) (did) (did not) view the bady after death. 22h SIGNATURE 22c DATE SIGNED DEGREE director, poge should be filed DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) SALISBURY 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 1968 GION PEU OUS CEMETERY SEAFORD VR A15 (4) SCAFBIRD DETAMPREDATE NOV Ochanles 30M REV 1/68





Mrs. G. Beverly Holland, Princess Anne, Md. APPROXIMATE INTERVAL 20 AJTOPSY? YES X NO 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) Stote County Inquiry [X], and in my opinion Undetermined monner 22b DATE SIGNED November 6 409 Camden Avel, Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify)
Burial Nov. 16,1968 Olivett Cemetery Worcester Co., Maryland 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR DATE NOV 19 HOLLOWAY & COMPANY, SALISBURY, MARYLAND

1000 1

Year

Year 1968

INDUSTRY

2b, KIND OF BUSINESS OR

Powe 11

1968

26 HOJR

2d HOUR

VR A15ME [5]



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 TUGE, MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 25 HOUR 1 DECEASED NAME First Middle 20 DATE KNOWN Month Day (Type or Print) **EDWARD** WILLEY WILLIAM 3:45M DEATH MATED 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF JNOER I YEAR IF JNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR last birthday| 64 yr 1904 Male White March 17. November land 2 with the State Depart 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9 COUNTY OF DEATH country) Maryland USA WIDOWED [DIVORCED [WICOMICO 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR House painting Peninsula General Hospital Salisbury 130 JSLAL RESIDENCE (Where deceased lived, finishitution, Residence before 13c CITY DR IDWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Wicomico Eden after 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Willey Elizabeth Edward Joseph = Jane Martin hours 17 INFORMANT (Sister) 16b SOCIAL SECURITY NO. 1730 ADDRESS Riverside Drive be executed within Dencil (Yes, na. ar unknawn) 215-16-8453 Mrs. Rayner Powell, Salisbury, Maryland within 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary occlusion sudden pending IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), This certificate shauld DUE TO, OR AS A CONSEQUENCE OF writing the word stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayal, be used 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO G YES [21a. EXTERNA, CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Item 18) HOUR A M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21a INTURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R F.D No. City or Town County State factory, office building, etc.) MHILE AT WORK 22a I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry X. and in my apinian death resulted from Natural causes X, Accident Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATUR L. Royer, M.D. Earl December DEPUTY MEDICAL EXAMINER X 409 Camden Ave., Salisbury, Md. ADDRESS(Street city, town, or county) 0 23a BUR.AL, CREMAT.DN 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Tawn) (Caunty) REMOVAL (Specify) Dec. 2,1968 Allen Cemetery Allen, Wicomico, Maryland 24 FEINERAL DIRECTOR 25d REC'D BY REGISTRAR VR A15ME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND

10M REV 1/68

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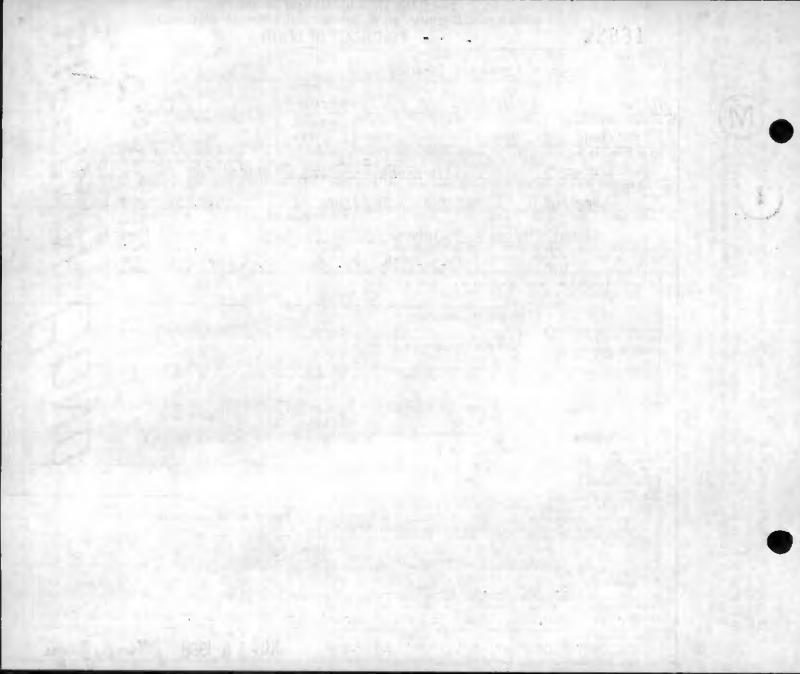
| | MARYLAND STATE DEPARTMENT OF HEALTH | |
|--|--|-----------|
| 1 | 16682 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
| | er#5, FilmG407 12/9/68 km CERTIFICATE OF DEATH | |
| 축 _ ~ 후 | CEASED NAME First Middle Last 20 DATE OF DEATH 2b HOL | R- |
| death. | Haster Ann Williams Navember 19 68 37 | 4 M |
| | X 4. RACE 5. DATE OF BIRTH 876 6 AGE (in years HUMBER) YEAR IF UNDER 241 | HRS. |
| | Temale 301. 10/15/1488/ 92 YRS. | |
| San | 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | |
| 4 45 | Tyland J.J.M. WIDOWED WICOMICO | Md. |
| filled pop fither | ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address) 12a. USUAL OCCUPATION (Kind of work address) 12b. KIND OF BUSINESS OR during most of working life, even if retired) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired) 12b. KIND OF BUSINESS OR during most of working life, even if retired) | |
| certificate be executed within the physician and completely fille then please remove corbon polmoval, and in any event, within | Salisbury General Hospital Dougstic | |
| plet corf | USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY / YES NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| complication (complication) | heryland or bullishing and 110 syens Place | |
| and rem | ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost | |
| e be | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address | _ |
| icote sicio | or no prophograph 1 (If we dive you or doles of service) | ٦ |
| phy sen ova | MO Silliam weshiell Erst goad .lis- | - |
| £ 5 | 18 CAUSE OF DEATH (Enter day one cause per line for (g), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRETIMENTAL CAUSE (a) | - |
| otteng per mi | 1 // D D A | |
| the period | Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) AND MAN SCIENCES IS and Care by all Throwbooks | |
| at the state of the series of | rise tall mmed of e couse (o). | |
| s the cian t | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| ATENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 stoined by the hospital or attending physician. CTOR: After this certificate has been signed by the ottending physician and completely filled a should be detached for use as the burial-transit/perion. Then please remove carbon population that the State Dept. at Health prior to burial, cremathan, or removal, and in any event, within 77. | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) | _ |
| req ig p n si e b o bl | 37 , , | |
| how ndin bee s th ior t | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING | |
| The low re attending e has been use os the lath prior to l | YES NO CAUSES OF DEATH? | |
| N: 1 or or ate | 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | |
| YSICIAN: ospital or certificate hed for u ot. af Heali | CIf either, natify medical examiner) P.M P.M P.M | |
| DING PHYSICIA by the hospital ffer this certifica be detached fo Stote Dept. af th | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stat | B |
| the this deto | at work at work | _ |
| by ffer ffer be stot | 22a. I certify that (I) (this hespital) attended the deceased from NOO 16, 1968, to NOV 17, 1968, that (I) (me) saw the deceased alive an NOO 18, and that in (my) (my) apinion death accurred an the date and hour and from | last |
| R: A | causes stated above, (i) (we) (did) (did-net) view the bady after death. | 1118 |
| ATT Shorts | 220 DATE SIGNED | _ |
| OR ATTENI be retoined DIRECTOR: A je 3 should ed with the | Thomas C Held 7. DEGREE PHYS DIRECTOR DIRECTOR DIRECTOR 11-21-68 | |
| AL D | 22d. PHYSICIANS 22e ADDRESS Q 1 FC Q 1 | 11 |
| SPIT 4 m 4 m d bc | NAME (Type) PINE Bluff Rd., ALISBURY, N | Δ, === |
| TO HOSPITAL OR ATTENIENT Page 4 may be retoined to FUNERAL DIRECTOR: A director, page 3 should should be filed with the | BURIA., CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) | |
| 5 5 £ ≥ | burgal (1/62/ 68 Green acress to lispury leogico ad- | |
| VR A15 (4) | FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS SIGNAL REPORT OF THE PART | |
| 30M REV. 1781 | undon to seller Sales - The DATE | |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16697 16683 CERTIFICATE OF DEATH DECEASED NAME First M ddle Lost 20. DATE OF DEATH 2b. HOJR Pages 1 and 2 hours after death (Type or print) Month .968 ear 10:00AM RALPH WILSON November IF UNDER 24 HRS 3. SEX 4 RACE 6 AGE (In years S DATE OF BIRTH IF UNDER 1 YEAR last/birt(gay) MONTHS HOURS Male Colored 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED T NEVER MARRIED country WIDOWED DIVORCED [7] WICOMICO 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital IG. CITY OR TOWN OF DEATH 12a USUAL OPCUPATION (Kind of work done 12b KIND OF BUSINESS OR executed with n give street oddress]
Deer's Head State Hospita during most of warking life, even if retired) Salisbury campletely Car 13a USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c City OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY Wicomico NO physican and camp nen please remave 300 Delaware Avenue Maryland Sal ishury removal, and in any 14 FATHER'S NAME Middle Last M-dd1e Last 16b_SOC AL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wg. or dates of service) the attending phy sit permit Then APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 48 hrs Bronchopneumonia Б IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) Hypertensive arteriosclerotic cardiovascular Years nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF disease stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s ise as the t ith priar tak Multiple strokelets 190. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO ⋥ far use Health this certificate 21a ACCIDENT WAS UNDERLYING 215 TIME OF INJRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify med col examiner) detached 21d INJURY OCCURRED (AT HOME FARM, STREET FACTORY,) 21f LOCATION Street or RFD No. 21e PLACE OF INJURY Caunty Stote City or Town While Not while of work 22a I certify that (N) (this haspital) attended the deceased from September 1519 68, to November 219 60, that (14 (we) lost saw the deceased alive an November 21 1968, and that in (144) (our) opinion death accurred on the date and hour and from the O FUNERAL DIRECTOR: After be retained causes stated above, (We) (did) (didnot) view the body ofter death. 22c DATE SIGNED 22b SIGNATUR ATTENDING. D-RECTOR PHYS r, page be filed 22e ADDRESS PHYSICIAN S Deer's Head State Hospital, Salisbury, NAME (Type) H. Winnacott, director, shauld 23c MAME OF CEMETERY OR FREMATORY 236 DATE (County) (State, 24 FUNERA DIRECTOR 256 REGISTRAR'S SIGNATUR 250 REC'D BY REG STRAR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16698 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH First er death. and (Type or print) FRANCIS (Frank) ROBERT November 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) February 9,1896 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED country) Maryland USA DIVORCED [WIDOWED Wicomico 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if refired.)
Retired Farmer Peninsula give street oddress) INDUSTRY Salisbury General Hospital Farming 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Wicomico YES please remove Maryland Salisbury Ouantico Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle lost physician and ATTENDING PHYSICIAN: The law requires that the death certificate be en Samue 1 Hicks Wimbrow Eleanor (Mattie) Ellis Martha 17. INFORMALTWITE R. D. 5 AddressOuantico Road 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng, or unknown) (If yes give war or dates al service) 217-36-0934 Mrs. Beulah M. Wimbrow, Salisbury, Maryland War 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse(PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has been as the 420 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES P 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy detached for the Dept. of H (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. director, page 3 shauld be filed w DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Tedecal Colic James L. Clifford 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23b. DATE 23g. BURIAL CREMATION. (County) Salisbury, Wicomico, Maryland REMBYAL (Specify) Nov. 14, 1968 Wicomico Memorial Park 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 1968 30M REV. 1/68



HOLLOWAY & COMPANY, SALISBURY, MARYLAND

(Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV. 1/68

